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CITY OF YORK EDUCATION COMMITTEE.

The Medical Inspection of Children in the York Public Elementary Schools.

ANNUAL REPORT

FOR THE YEAR ENDING 31ST DECEMBER, 1912,

BY

EDMUND M. SMITH, M.D. (Edin.), D.P.H. (Camb.).

School Medical Officer and Medical Officer of Health;

AND

E. SCOTT GALBRAITH, L.R.C.P. & S.E., D.P.H. (Lond.),

Assistant School Medical Officer.

WILLIAM McKAY,
Chairman.

J. H. MASON,
Secretary.

EDUCATION OFFICES,
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,, R. Petty, 73, Huntington Road, York.
,, J. Hardgrave, 14, Skeldergate, York.
,, J. B. Inglis, Coney Street, York.
,, J. M. Hogge, Braeside, Acomb Road, York.
Robert Kay, Esq., 42, East Parade, Heworth, York.
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E. Scott Galbraith, L.R.C.P. & S. (Edin.); L.R.F.P. & S. (Glas.), D.P.H.

Ophthalmic Assistant School Medical Officer :—

Peter Macdonald, M.D.

Dental Assistant School Medical Officer :—

T. E. Constant, M.R.C.S., L.D.S.

School Nurses :—

Miss Annie E. Simpson, C.M.B., H.V. & S.N., Certif Royal Sany Inst
Miss Margaret Grant, C.M.B.

Clerk :—

Miss J. Masterman.

Assistant Clerk :—

Miss B. M. Swann.

The Medical Inspection of Children in the York Public Elementary Schools.

ANNUAL REPORT

FOR THE YEAR ENDING 31ST DECEMBER, 1912.

To the Chairman and Members of the York Education Committee.

Mr. Chairman, Ladies and Gentlemen,

We beg to place before you this our Fifth Annual Report on the Medical Inspection of the Scholars in the York Elementary Schools for the year ending the 31st December, 1912.

We have endeavoured to make this Report more complete and interesting than its predecessors, and it is a record of considerable strides in the direction of progress in this difficult work. The particular achievement of the year has been the great expansion of the School Clinic, which now carries on practically all the different kinds of work which are at present possible to a School Clinic.

This Report will be found to contain special sections on School Buildings, Open-air Schools, Defective Clothing, and Tuberculosis in School Children ; also on special classes for (*a*) Stammerers, (*b*) Dull and Backward Children, (*c*) Very Short-sighted Children (Myopes)—important items of our future programme of beneficial developments, and about which it is hoped to complete arrangements soon.

1.—The Elementary Schools now comprise nine provided and eighteen non-provided schools, 27 in all.

The numbers of children on the school registers during the year 1912 were as follows :—

Total No. of children on the Registers for the school year ended 30th September, 1912		14,291
Upper Department, Boys	4,899	
,, ,, Girls	4,772	
Infants' ,, Boys	2,370*	
,, ,, Girls	2,250*	
Average attendance for the school year ended 30th September, 1912 (86%)		12,351

* In these figures are included 1,101 children under 5 years of age (595 boys and 506 girls).

ORGANISATION OF THE SCHOOL MEDICAL SERVICE.

2.—CO-RELATION OF THE SCHOOL MEDICAL SERVICE WITH THE PUBLIC HEALTH SERVICE.

The Medical Officer of Health is the School Medical Officer recognised by the Board of Education. As far as York is concerned this arrangement, which has obtained since the institution of medical inspection, is working very satisfactorily. In 243 of the 302 Local Education areas of England and Wales the School Medical Officer appointed was the Medical Officer of Health of the area. Sir George Newman in his report for 1911 says :—" In point of fact experience is proving the necessity of this intimate co-operation in every local area. School hygiene cannot be divorced either from home hygiene on the one hand, or from the health conditions of the community on the other."

Infectious fevers occurring amongst the school children are under the direct control of the Health Department, and all cases of Scabies (itch) and other grossly verminous conditions are reported to the Medical Officer of Health who orders disinfection of the homes, bedding and clothing where necessary.

ASSISTANCE GIVEN TO THE SCHOOL MEDICAL OFFICER AND THE ASSISTANT SCHOOL MEDICAL OFFICER by Nurses, Managers of Schools, Teachers, Attendance Officers, and other persons.

3.—*The School Nurses.*—At the commencement of the year the Education Committee appointed two whole time School Nurses, viz., Nurse Simpson and Nurse Grant. The former had already been in the employment of the Committee since the official institution of medical inspection, but only as a " half-timer " ; the other half of her time being devoted to Health Visitor's work. Nurse Grant, who had been a district nurse in York and attached to the Nurses' Home in Monkgate, was the second nurse appointed for school work.

" A School Nurse is capable of performing very useful and important functions both in assisting the work of medical inspection and, under medical instruction and supervision, in applying or showing parents how to apply remedies for minor ailments." The duties of a school nurse are of a varied character and require extensive knowledge and considerable tact. The homes of children who are absent from school on account of illness are visited by the nurse, and parents are urged to obtain medical assistance should the illness be of a doubtful or other type requiring such. Parents value these visits and the school nurses are very often requested by them to visit the homes and advise them what course to take. During the year large numbers of children suffering from " minor " ailments received medical treatment at the School Clinic. Under the heading " The School Clinic " will be found a tabular statement which includes these " minor " ailments. This work was carried out by the school nurses alternately, under the direction and supervision of the Assistant School Medical Officer.

In July the Education Committee appointed an Ophthalmic Assistant School Medical Officer, and a Dental Assistant School Medical Officer. One of the school nurses attends and assists the School Dentist during his hours of treatment, and cases under the Ophthalmic Surgeon requiring the assistance of the nurse are sent down to the General Clinic and his instructions are carried out.

The work of " following up " children found to be suffering from defects has received close attention, and frequent visits to the homes have been paid by the school nurses with the object of urging the parents to carry out the instructions given or sent to them by the School Medical Officers. Many visits have been paid to the schools in cases of threatening outbreaks of infectious disease, *i.e.*, Whooping Cough, Measles, Diphtheria, Scarlet Fever, etc.

A brief tabular statement of the work done during the year by the school nurses is shown under Section 11.

4.—*Managers of Schools.*—The attendance of the School Managers at the medical inspection is welcomed and esteemed. We are glad to record that during the year several of the Lady Managers attended and took a great interest in the work, asking questions and giving advice. Their knowledge of the home conditions of the children was in several cases of considerable value to the inspecting Medical Officer, who is glad to have the opportunity here of expressing his appreciation and thanks to them for their assistance in this respect.

5.—*Teachers.*—The assistance of the Head Teachers is of the utmost value and to them is due in no small measure the successful progress of medical inspection in the Elementary Schools of this City. Their personal influence with individual children is an important factor in obtaining amelioration of the remediable defects found. As a rule the Head Teachers personally fill in certain particulars on the face of the schedule cards and record the mental condition and standard. The number of schedule cards thus dealt with by Head Teachers last year amounted to over 3,240. Some recent and proposed future Conferences with Head Teachers are sure to prove most useful.

6.—*The School Attendance Officers.*—The Chief Medical Officer of the Board of Education, in his report for 1911, repeats the four ways in particular in which a School Attendance Officer can be of great service to the School Medical Officer :—

" (1) By notifying to the School Medical Officer all cases of non-notifiable infectious diseases which he meets with in ascertaining the causes of absence from school ; (2) By notifying all cases of blind, deaf, mentally or physically defective, or epileptic children, or children suffering from chorea, tuberculosis, paralysis, malnutrition, or neglect, etc. ; (3) By notifying all cases of children absent from school on medical grounds ; (4) By notifying cases of children who are permanently unfitted to attend school."

During the year the School Attendance Officers have been very closely associated with the work of medical inspection, and they have rendered valuable assistance. Overlapping of their work and that of the school nurses has been avoided by the weekly lists sent to them from the School Clinic, and also by their periodical visits to the Medical Inspection Offices. The weekly lists alluded to contain the names and particulars of (*a*) the children in each attendance officer's district who have been excluded from, or re-admitted to, school, by or through the School Medical Department ; and (*b*) the children excluded from school on account of suspected physical defects or disease who failed to furnish a medical certificate or who do not attend the Clinic for medical supervision or treatment as required, or whose treatment was obviously being neglected by their parents or guardians.

The following are the numbers of children under each heading who were thus referred to the attendance officers through the Secretary to the Education Committee :—

	(*a*)	(*b*)
Mr. Thorpe	444	249
Mr. Doherty	755	311
Mr. Longstaff	586	223
Mr. Archer	684	404
* Mr. Clarkson	89	23

* This officer was appointed towards the end of the year, hence the small number of children referred to him under the two headings.

The (*b*) column includes almost all the *troublesome* children we have to do with, and many of these have to be referred under this heading several times. As a rule these are the children most in need of Clinic treatment,and their neglect to attend is in great measure due to the ignorance or indifference of the parents. This parental neglect is a most serious thing for the child, because his future well-being is in the balance, and is influenced for good or evil by the care and attention which he receives in his tender years, even in small details. In order to carry out the medical treatment of the " minor " complaints—which include external eye diseases, discharging ears (otorrhœa), etc.—with justice to ourselves and the little patients, we must have the full and hearty co-operation of the parents. We should not be required to ask or seek for this, it should rather be of course a labour of love on their part.

7.—*The Clerical Work of the Office of the School Medical Department,* which is situated at No. 24, St. Saviourgate :—

This work, which is of a voluminous and varied character, has increased considerably, and especially since the expansion of the Clinic, and the advent of the Ophthalmic and Dental Surgeons. The chief clerk, Miss Masterman, has for a long time found it an overwhelming effort to cope adequately with the work, and, since August, the half-time help of an assistant clerk, Miss Swann, has been allowed by the Education Committee. It is being found, however, that the additional new work already mentioned now needs more than this, that is to say, the whole time service of an assistant clerk, such as Miss Swann. So important is much of our work that its success depends to a great extent on the despatch with which it is carried out. At present a large amount of overtime has to be given in order to keep the work from accumulating excessively.

THE WORK AND METHODS OF MEDICAL INSPECTION OF THE SCHOOL CHILDREN.

8.—During the year the requirements of the Board of Education as to the medical inspection of " entrants " and " leavers " were adhered to, and in order to cover these requirements more fully four age-periods, viz., the sixth, seventh, thirteenth and fourteenth, were medically inspected and scheduled ; 1,583 children were between 5 and 7 years of age, and 1,351 were between 12 and 14 years of age. Besides these, 306 children under 5 years of age were inspected and scheduled, and the annual inspection of the children in the Special School was carried out.

The number of scholars thus inspected and scheduled was 3,301, this being more than one-fourth of the average attendance, viz. :—

	Boys.	Girls.	Total.
" Entrants," *i.e.*, children in their 6th and 7th years	841	742	1,583
" Leavers," *i.e.*, children in their 13th and 14th years	692	659	1,351
Children under 5 years of age	162	144	306
,, at " Special " School (boys only) ..	61	—	61
	1,756	1,545	3,301

(For full particulars, see Table 1 in the Appendix).

" Leavers " were reckoned as those in their thirteenth and fourteenth years. Besides the above it was our intention to inspect and schedule all children attending school under 5 years of age, but it was found possible to do only 306 of these.

The bulk of the present Report deals with the ordinary Elementary Schools and the children in attendance. Those children attending the " Special " School are treated separately in the Report.

9.—*The Schedule of the Board of Education.*—No alterations have been made in the Board's Schedule, but the additions mentioned in last year's report (page 78) are still retained and have proved of considerable value.

Chest Girth.—This is only noted in special cases.

Vaccination Marks.—Their number is recorded if observed ; no further action whatever is taken.

10.—*Average Time per head occupied by Medical Inspection.*—Five minutes was the time allotted to each inspection, *i.e.*, six children were summoned for each half-hour. The weighing and measuring and vision testing was, almost without exception, carried out by the School Nurse previously, under the supervision of the Assistant School Medical Officer.

11.—*Number of Visits paid to the Schools and Departments.*—

Visits to schools paid by the Assistant School Medical Officer :—

For the purpose of medical inspection of scholars ..	162
Special visits in connection with threatened out-breaks of infectious disease, suspicious cases amongst the children, sanitation and equipment of schools, etc.	37

Tabular statement of work done by the School Nurses :—

	Nurse Simpson.	Nurse Grant.
Children examined in school for verminous conditions, ringworm, etc.	5,829	5,697
Visits to homes of children notified by teachers	1,289	1,365
Visits to homes *re* school children's ailments or defects ..	398	91
Special Clinic cases (visits to homes)	77	124
Swabs taken in cases of suspected Diphtheria	14	18
Time spent at Clinics	45 days	38 days
Assisting at " Dental Clinic "	21 ,,	4½ ,,

Besides the above, 56 visits were paid to the schools in connection with verminous children, 13 in connection with suspected infectious disease, 83 visits preliminary to medical inspection, and 88 visits in respect of various other matters; 99 other visits were paid to the homes of ailing children, the school nurses' attention being directed to them by the parents.

12.—*Extent to which disturbance of school arrangements was involved by the Medical Inspection.*—During the year Medical Inspection was (with the exception of St. Margaret's School) invariably carried out on the school premises, or within its precincts (*i.e.*, in a building connected with the school, but not used for school purposes). The children attending Priory Street Schools were inspected in a room in the chapel to which the school is attached, and those attending Bilton Street Schools were inspected in the Layerthorpe Junior School, which, although removed from the main building about 100 yards, now forms a part of the school. The children attending St. Margaret's Schools were inspected in a mission hall, about 200 yards away from the school buildings. With the help and co-operation of the Head Teachers a minimum amount of disturbance was created. As on former occasion the schools to suffer most were the older buildings where a class room was the only place available.

Weighing machines are permanently kept at the following schools :—Poppleton Road,; Haxby Road ; St. Clement's ; St. Lawrence's ; St. George's ; and Priory Street.

Transferable machines are kept for the purpose of medical inspection in the schools of that district at Fishergate, Park Grove and Scarcroft Road. All these machines are of the most approved type, having attached weights sliding on horizontal bars marked with the English and metric systems.

13.—*Method adopted for securing the presence of Parents at the Medical Inspection of their Children,*—A few days prior to the commencement of Medical Inspection at each school, advice notices are invariably sent to the parents of children coming within the age-periods to be inspected, whose names and addresses are furnished by the Head Teachers.

Total number of advice notices sent	3,240
,, ,, parents present at medical inspection ..	947
Percentage of parents present at medical inspection ..	29.2

(For full particulars, see Table 1 in the Appendix).

The percentages of parents or guardians who were present at the medical inspection of their children in previous years were as follows :—

1911—25·6 ; 1910—31 ; 1909—33 ; 1908—20·6.

We are pleased to have the parents of the children present at the medical inspection, for we know that the value of the work is considerably enhanced thereby. Direct advice is thus given, and where the existence of an important defect is discovered the value of such personal counsel cannot be gainsaid. We are quite aware that it is not convenient at all times for parents to be present, and that, were it not for interference with domestic duties, a larger percentage would have been present on these occasions.

The presence of the Head Teacher comes next in importance to that of the parent. He, it must not be forgotten, is in *loco parentis* during school hours. The "Annual Report" fully recognises the importance of the teacher in this connection.

The School Nurse invariably attends upon the Assistant School Medical Officer at the medical inspection.

THE PHYSICAL CONDITION OF THE YORK ELEMENTARY SCHOOL CHILDREN.

THE REVELATIONS OF MEDICAL INSPECTION IN 1912.

14.—TABLE 2.—Previous Medical History.—Section A gives the numbers and percentages of the children medically inspected and scheduled who had had the various diseases mentioned in the table prior to inspection.

Section B shows the percentages of the children who were attacked by these diseases at different age-periods. It appears from this section that, of the children inspected,

66 per cent. had Measles
83 ,, ,, ,, Whooping Cough
38 ,, ,, ,, Scarlet Fever
42 ,, ,, ,, Diphtheria
67 ,, ,, ,, Chicken-pox
39 ,, ,, ,, Mumps

Before reaching
School Age, *i.e.*,
5 years of age.

This is important, especially when it is remembered that most of the deaths from Measles, Scarlet Fever and Diphtheria, all the deaths from Chickenpox, and about one-fourth of those from Mumps occur in children under 5 years of age. The pre-school age is a very serious one for the child, and it is evidently a time when he requires the greatest of care. No provision is at present made for the medical supervision of children under five. It is to the interest of the State that those under five should be guarded as much as possible against the diseases which beset their path. (Reference is made elsewhere to the system of Kindergarten Schools for children between 2 and 6 years of age which obtains in other countries, and it is questionable whether an opportunity is not being lost in our not having a like provision here.—E.S.G.) In 6·9 per cent. of the children inspected, the above particulars were not obtained, although frequent requests were made for them.

15.—TABLE 3.—Attention and Progress of 1,351 children in the upper departments, according to the Head Teachers. Both boys and girls show a considerable falling off when compared with previous years. The higher percentage of both sexes in the " bad " column may be more apparent than real, and may result from the teachers' keener point of view as to what constitutes "good" attention and progress. It is true that when the standard distribution of these children is considered it is found that 50 per cent. are behind their proper places in school, and that therefore it might be a matter of surprise that such a high percentage of children is found in the "good" column. This subject, however, is referred to under the heading of "Backward Children."

16.—TABLE 4.—This is one of the most interesting and valuable of the tables, for it shows in its various columns the deplorable existence of conditions which are inimical to healthy, physical and intellectual life.

Nearly 10 per cent. of the children medically inspected were suffering from *Malnutrition.* We do not wish it to be inferred that, because the figures under this heading are larger than in previous years, the condition is on the increase. We are of the opposite opinion. Again, the keener standard of the observer may be to blame. The factors which enter into the causation of malnutrition are various, and are well summed up by Dr. Butcher of Bedfordshire, as follows :—

(1) Inherent lack of vitality.
(2) Insufficient food.
(3) Improper food.
(4) Mal-assimilation of food—due to illness.
(5) Unhealthy home conditions.
(6) Insufficient sleep.
(7) Exhausting work outside school hours.

In our opinion also the increasing cost of foodstuffs, etc., contribute no small part in the causation of malnutrition.

We shall have occasion to refer to this subject again under the headings of "Open-air Schools," "Tuberculosis," and "Provision of Meals."

Verminous conditions and Ringworm of the Scalp, we are glad to record, are really on the decline, and, although every tenth child medically inspected had Nits in the hair, in 47 per cent. of these cases the nits were dead, or in the receipt of germicidal treatment.

17.—**Defective Clothing and Footgear** figure prominently in the table. It was found that every fourteenth child examined had bad, *i.e.*, ragged, insufficient or very dirty clothing, and that every tenth child had footgear so defective as to be practically dangerous to the wearer. In order to draw more attention to this matter a special visit was made to several schools, and the following results were obtained :—

SCHOOL.	Dept.	Average Attendance.		CLOTHING.				FOOTGEAR	
				Unsatisfactory.		Bad.		Very Bad.	
					Per cent.		Per cent.		Per cent.
St. Denys' ..	Boys'	121	315	18	16·2	5	13·0	23	32·3
,, ..	Girls'	100		24		8		28	
,, ..	Infants'	94		9		28		51	
St. George's ..	Boys'	179	530	5		18	8·3	20	11·8
,, ..	Girls	170		—		8		15	
,, ..	Infants'	181		2		18		28	
St. Lawrence's ..	Boys'	250	697	6		11	8·8	15	12·2
,, ..	Girls'	218		—		43		58	
,, ..	Infants'	229		—		8		12	
Heworth ..	Mixed	139		—		—		3—	2·1
St. Thomas' ..	Girls'	180	313	—		8	2·5	15	8·6
,, ..	Infants'	133		—		—	—	12	
Park Grove ..	Mixed	714		—		7	0·9	17	2·3
Totals ..	..	2,708		64	2·4	162	5·9	297	13·1

(Including 6 children with no boots, and 3 children with neither boots nor stockings at St. Denys' and St. George's Schools.)

The selection of the above schools was by accident rather than design. They were being medically inspected during the period of the observations. It was not found possible to include all the Elementary Schools in the table, time did not allow.

This cannot be regarded as other than an unsatisfactory condition of things. Children with ragged, very dirty, or insufficient clothing or inadequate footgear, must suffer physical discomfort and consequently mental ill-health. They are therefore incapable, on this account alone, of taking full advantage of the education provided. Their frequent absences from school in inclement weather, etc., are a continual source of annoyance to teachers, officials and others connected with elementary school life, for they disorganise school attendance, lower the attendance percentage, and of course materially affect the School Grant.

Defective Clothing and Footgear, Verminous Conditions, Impetigo, Ringworm and Malnutrition, appear to be very intimately associated. It frequently happens that two or more of these defects are found in the one child. And the home conditions may be said to bear a direct relationship to all of them.

18.—TABLE 5.—Shows the Number of Girls in the Upper and Infants' Departments respectively whose Hair at the Medical inspection was found to contain "Nits" (Potential Vermin)—the Ova or Eggs of Lice.—

We are pleased to record an improvement in this condition amongst the girls, and this is more real than apparent from the table; 54·7 per cent. of the girls in the upper departments, and 39·8 per cent. of the infant girls, who had nits, were in receipt of treatment, or their condition was of a slight character, and probably no longer potential, for in many cases the ova had hatched. For comparison, the percentages of previous years are given, and it will be noticed that the improvement is a steady and progressive one. This is in a great measure due to the assiduity of the Head Teachers and School Nurses, whose combined efforts would be crowned with success if more parents and others responsible would only give them a helping hand.

19.—TABLE 6.—During the year, all the children in the schools who had not been medically inspected, were examined with a view to *the detection of Ringworm and Verminous Conditions*. This table gives the result of the investigation, and for comparison, the results of similar investigations during the previous years are also inserted. It will be seen that the reduction of these contagious conditions has been very considerable. This will be readily seen in the following graphic statement:—

	Percentages of	
Year.	Ringworm.	Verminous conditions.
1909	3·0	31·0
1910	0·3	15·4
1911	0·1	9·6
1912	0·09	5·1

20.—TABLE 7.—AVERAGE HEIGHTS AND WEIGHTS OF YORK ELEMENTARY SCHOOL CHILDREN compared with those of Great Britain (published by the Anthropometric Committee of the British Association, 1883) at various age periods. This is now rather an old standard but the only one we have.

In connection with this table it is interesting to note that whilst the height of the York children is in several groups greater than those of the British standard, the weights are invariably less. But when we compare the gross weight of the York children with the gross weight of an equal number of children of British Standard weight (age and sex being considered), the result becomes quite startling. This has been done in tabular form as follows :—

AGE PERIODS.	Numbers Inspected.	GROSS WEIGHT IN Lbs.		Total deficiency in lbs. from Great Britain weights.	No. of Children represented by deficiency.
		YORK.	GREAT BRITAIN		
Boys—					
3–4	20	665	680	15	
4–5	142	4,886	5,248	362	9 boys @ 37 lbs.
5–6	601	23,259	24,040	781	19 ,, ,, 40 lbs.
6–7	240	10,205	10,680	475	10 ,, ,, 44·5 lbs.
12–13	547	38,837	41,982	3,145	40 ,, ,, 76·75 lbs.
13–14	145	11,136	11,962	826	10 ,, ,, 82·5 lbs
Girls—					
3–4	20	628	630	2	
4–5	124	4,265	4,464	199	5 girls @ 36 lbs.
5–6	520	19,500	20,280	780	20 ,, ,, 39 lbs.
6–7	222	9,057	9,268	211	5 ,, ,, 41·75 lbs.
12–13	555	38,627	42,457	3,830	50 ,, ,, 76·5 lbs.
13–14	104	8,351	9,048	697	8 ,, ,, 87 lbs.
1912	3,240			11,323	176 (88 boys and 88 girls) children.
1911	4,152			14,645	208 (106 boys and 102 girls) children.
1910	2,206			9,450	158 (82 boys and 76 girls) children.

The deficiency in the gross weights amounts to 11,323 lbs. (5 tons 1 cwt.), *i.e.*, the weight of 176 children of British standard weight (age and sex being considered). In these calculations the height is not considered because there is little appreciable difference between that of York children and of the children of the country generally.

It must not be thought that the British weight standard is an extraordinarily high one. In 12 out of 118 groups of boys inspected of different age-periods, our average weight was *above* the British Association standard; in 20 out of 110 groups of girls inspected, of different age-periods, our average weight was *above* the British Association standard. It has not been found possible to particularise any school or class of scholars as being either above or below the standard weight. The deficiency appears to be pretty well distributed throughout the schools, but the number of children in any age-period at an individual school is not sufficiently large to particularise. One of the causes of this deficiency in the weight of York Elementary School children is probably the condition of malnutrition which exists. In the notes to the previous table, it is stated that 10 per cent. of the children medically inspected were suffering from malnutrition (more or less), and under Table 10 will be found a number of ill-conditions which are, as a rule, associated with malnutrition. It is therefore not surprising that deviation from the normal is so great. This fact in a great measure again emphasises the necessity for open-air education.

TABLE 8.—**Condition of the Teeth** amongst 1,351 Children (692 Boys and 659 Girls) between 12 and 14 years of age.

	Percentage of			
	Boys.		Girls.	
With apparently sound or perfect dentitions	14·8		16·2	
,, 1–4 defective teeth	66·9	85·2	69·0	83·6
,, over 4 defective teeth	13·8		11·3	
,, Enamelless, soft, spongy, rickety	4·5		3·3	
,, Dirty teeth	61·8		47·9	
,, Clean ,,	38·2		52·1	

There is little need to dwell on the important facts which this tabular statement displays—they speak for themselves.

"It cannot be too clearly emphasised that by far *the most important factor in the production of dental caries in children is unsuitability in the character of the diet provided them from infancy* *upwards.* The immediate cause of the disease is the accumulation about the teeth, particularly in the indenture of the teeth, and in the interdental spaces, of soft fermentable carbohydrate material (starchy foods, etc.)." It is certain that there are at least two things necessary for the maintenance of good health, viz., (1) a good constitution, and (2) cleanliness of the teeth and mouth.

The following apt comments were made upon our Annual Report for 1911 by the Rev. Canon Argles, in his parish magazine, as to the prevention of decay of teeth :—

> " The teeth of savages living on rough food are commonly good. Teeth used to chew food properly, especially crusts and other hard food are probably strengthened by use, and teeth need to be fed too, by coarser flour, which contains more mineral matter than that now used. It is far too common a habit with children, and even with adults too, to shirk the trouble and time needed for chewing food properly and mixing it with saliva, and wash down each mouthful with a mouthful of liquid instead—hence comes defective digestion and nutrition."

" Every effort should be made to avert dental disease at the very outset, and thus to prevent any serious consequences resulting, and at the same time to lessen the likelihood of disease developing in neighbouring teeth." Ever since we commenced the work of Medical Inspection we have from time to time drawn the attention of the Education Committee to the condition of the teeth amongst the scholars in the Elementary Schools and from the very first we have given it as our opinion that there was urgent need for the appointment of a dental surgeon, and we are exceedingly glad that such an appointment has now been made. (See " School Clinic " Section of Report.)

22.—TABLE 9.—**Vision of the Children** BETWEEN 12 AND 14 YEARS OF AGE who have been medically inspected during the year.

The vision of the children is tested by means of Snellen's Test Types at a distance of 20 feet, and, as far as possible, this test is carried out in the forenoon, advantage thus being taken of the better lighted portion of the day. Artificial light is only used under exceptional circumstances.

The results of the vision testing are very fully given in this table, and in the tabular statements underneath. The children in the Infants' Departments between 6 and 7 years of age were likewise tested, but in the majority of cases this was futile. It was found that many of these latter children were unacquainted with the capital letters, and to many other children who did know their letters the novelty of reading at a distance of 20 feet militated against their correctness. In our last Report we expressed a wish that children in their seventh year should from time to time receive lessons in reading at a distance, and should be made so familiar with capital and small letters at a distance of 20 feet, that, when the time came for the usual medical inspection, there would be little difficulty and doubt in correctly testing them.

As will be seen in the table, 82.3 per cent. of the boys, and 80.2 per cent. of the girls, have what is termed " good " vision, but, of these, only 56.0 per cent. of the boys, and 40.2 per cent. of the girls had emmetropia, or normal vision, *i.e.*, they were able to read, with each eye separately, Snellen's 6 metre line at a distance of 6 metres (20 feet), and the remainder (only 26.3 per cent. of the boys, and 40 per cent. of the girls), can nearly, but not quite, accomplish this test with each eye separately.

Since September 118 children suffering from Ametropia (defective vision), and included in the above table, have received attention at the School Clinic from the Ophthalmic Assistant School Medical Officer, in addition to 87 special cases, making a total of 205. Detailed account of the results of his work is given under the heading " The School Clinic."

23.—COLOUR OF THE HAIR AND EYES.—These colours were noted in 1,641 boys and 1,500 girls, and the following tabular statement gives the results according to the standards laid down by the Committee of the British Association in 1883 :—

COLOUR OF EYES.

	BOYS.					GIRLS.				
	Pure Blue.	Light.	Neutral.	Dark.	Total Boys.	Pure Blue.	Light.	Neutral.	Dark.	Total Girls.
	Percentages.					Percentages.				
Colour of Hair :—										
Fair	4·8	1·9	8·2	2·8	293	7·8	4·2	9·5	3·4	376
Red	0·5	0·4	1·1	0·6	46	0·6	0·06	0·8	0·8	36
Brown	8·2	5·5	31·2	30·2	1,234	10·6	4·8	28·8	26·8	1,067
Dark	0·1	0·4	0·9	2·4	67	0·2	0·06	0·4	0·7	21
Black	—	—	0·06	—	1	—	—	—	—	—
Totals ..	227	138	683	593	1,641	290	139	594	477	1,500

In six children the colour of the eyes markedly differed from each other.

It will be seen that the predominating colours both in boys and in girls are much the same, namely :—

	Boys.	Girls.
Brown hair and dark eyes	30·2 per cent.	26·8 per cent.
Brown hair and neutral eyes	31·2 ,,	28·8 ,,
Brown hair and blue eyes	8·2 ,,	10·6 ,,
Fair hair and neutral eyes	8·2 ,,	9·5 ,,
Fair hair and blue eyes	4·8 ,,	7·8 ,,

In the opinion of some past observers, colour of hair and eyes has been believed to be a criterion of racial origin. There may have been much reason for such a belief in the past, but, now, in view of the free intermarrying of the races comprising the British people, its value is questionable unless very carefully considered along with other anthropological characteristics, such as shape of head, height, temperament, etc. In the above tables the predominance of brown hair and dark or neutral eyes is remarkable.

24.—**Special Classes for Myopes** (VERY SHORT-SIGHTED CHILDREN).—29 boys and 29 girls included in Table 9 were found to have very "bad" vision in both eyes, $\frac{6}{24}$ and worse. Many such cases are on the high road to blindness, indeed they may now be said to be partially blind. The wearing of spectacles, of course, assists them considerably, and may arrest disaster or the decline of their vision, but it must be remembered that spectacles do not make such defective vision normal, and do not prevent risk of eyestrain if the child is called upon to do fine work, as in the ordinary curriculum. It is obvious, therefore, that much of the teaching in the ordinary elementary school is not suitable for these cases, and their visual defect does not warrant them being transferred to a blind school. For such cases the institution of special classes, called "Myope" classes, has been introduced with success in London. The following detailed account of a myope class is taken from Dr. Kerr's Annual Report to the London County Council for 1909 :—

> "An experimental class has now been at work in Boundary Lane School for nearly a year, and seems to be such a success as to warrant the opening of other centres for the same purpose. There are now 28 children being taught under the new scheme. Mr. Bishop Harman has paid a great deal of attention to the scheme of training at Boundary Lane which is—that children who have bad vision and who are not likely to become quite blind, but are more likely to be counted as sighted persons in later life, are removed from the complete control of both elementary and blind schools into an intermediate group, at present for want of a better name called the myope class. Here they get such parts of the curriculum of both schools as is suitable. At present the

teaching is carried on jointly by the staffs of the elementary schools and the blind school. The myope school schedule may be roughly classified as oral teaching, manual work, and literary work. For the oral teaching the children join with the normal children in the elementary school ; they enter the room of their proper standard, sit in the front row, and listen to the object lesson, or the teaching of geography, history and so on, but they are not allowed to look at any book or write upon any paper. They have, however, every chance otherwise of matching their wits against their fully sighted mates. The manual work is provided at present by the staff of the blind school, who are expert in all sorts of minor handicraft, such as basket-making, bead-work, chair-caning and simple joinery, but it is now proposed to extend the scope so as to include manual work with sighted children in the special centres, such as cookery for girls, and carpentry for boys. The literary work is taught in the blind school and includes such part of the " three R's " as requires the use of script and writing materials. Books, paper, pens and pencils are not to be seen in the classroom of these children. Instead every wall of the room has a band of black-board running round it ; these boards are for the teacher's use, and on them is written whatever is wanted in large, broad-lined characters legible to all. The children have their own smaller blackboards on which they write or draw in free-arm style, holding the chalk at arm's length. The dust of the chalk so extensively used gave rise to much trouble until a practically dustless chalk was substituted. Certain other practical difficulties have arisen and are still being worked out. The ordinary desk equipment is not suitable for this kind of teaching. A desk which provides, on the simplest adjustment, either a large-sized blackboard in the proper sloping position and at the proper position from the child, or a table of ample proportions, has been designed by Mr. Harman. So far as possible playtime is arranged for according to the character of the child. Many join the fully-sighted children, but some are restricted to play with the blind.

There is, and will be, an increasing demand for this type of education. Ophthalmic surgeons are insistent on the dangers of ordinary education for cases of progressive myopia and not without reason. I can recall the top girl of a pupil teacher's centre, some months after being stopped work and having been fully warned of the dangers of continuing at literary work, losing central vision by hæmorrhage in both eyes within a few weeks, on attempting to learn shorthand. To inhibit these children, as is often done, from all educational advantages is no kindness to the child. In the scheme of work provided in this new experimental school all work likely to be dangerous to the eye is eliminated. The literary desire is discouraged, enough is taught to equip the children with the ordinary means of script communication, but they are trained to learn apart from books, on similar lines to the methods of mental arithmetic ; whilst every possible form of handicraft is turned to account. The children enjoy their work thoroughly ; and the teachers, despite the slight dislocation caused by the alternating arrangement of teaching and control, have taken up the scheme in so intelligent and appreciative a manner that they have done much to contribute to its success. The further extension of the system to cover the whole of London is now warranted by the Boundary Lane experience."

In this connection the following resolution of the York Education Committee was interesting :—

" That the proposal to permit Instructors at the Yorkshire School for the Blind to visit the elementary schools, and teachers from the latter to proceed to the Blind School, in order to obtain an interchange of ideas and observe the methods of instruction, be approved."

25.—TABLE 10.—DISEASES AND ILL-CONDITIONS FOUND AMONGST THE CHILDREN MEDICALLY INSPECTED AND SCHEDULED DURING 1912, WHICH ARE NOT INCLUDED IN ANY OF THE OTHER TABLES.—The percentages of the most important of the defects are given. As will be seen 9·6 per cent. of the children had dirty heads and 3·2 per cent. dirty bodies. This is an improvement on last year's report, but it must be stated that the standard of cleanliness is increasing each year, for, in its estimation, account is taken of the vast amount of literature which has been distributed on the subject, the instruction given to the children daily in the schools, and the advice given to both parents and children at the Clinic during the past four years.

26.—*Adenoids and Enlarged Tonsils.*—These are closely though not necessarily associated; *e.g.*, one out of every hundred children examined had distinct signs of adenoids, every thirteenth child had very enlarged tonsils, and every fifth child had moderately enlarged tonsils.

The following extract which appeared in our last Annual Report is of such importance that it will bear repetition:—

Adenoids.

" Adenoids is the term given to a chronic enlargement of the lymphoid tissue normally present at the back of the nasal cavities. Adenoid growths vary in extent, shape and size. They most commonly occur between the ages of 3 and 12, after which period they tend to atrophy, but during which period they may produce most injurious effects. Their exact cause is unknown. The enlargement may, in fact, be only part of a general hypertrophy of the lymphoid tissue and glands of the body. In any case, adenoids are frequently associated with enlarged tonsils, tend to " run in families," and are more frequent in damp, cold, temperate climates. The signs and symptoms include (*a*) the presence of the adenoid growth in the pharynx; (*b*) mouth-breathing, because the adenoid growth obstructs the passage of air from the nose to the windpipe, which may lead to nasal discharge, noisy respiration, breathlessness, and characteristic physiognomy, attitude, and deformity; (*c*) deafness (eustachian or " throat deafness "), owing to the obstruction of the eustachian tube by the growth;

(*d*) numerous reflex nervous conditions, including twitchings, night-terrors, cough, asthma, stammering, convulsions, etc.; (*e*) after-results, such as retracted chest (pulmonary capacity about one-fifth below normal), projecting teeth, depression, mental dullness, phthisis, etc. Thus it will be seen that adenoids are important mostly on account of their effects. If the symptoms are marked, the adenoid growth should be removed by operation."

27.—*Enlarged Tonsils.*—These are in most of the cases to be regarded as glands in the throat which are to a certain extent diseased. The enlargement is a local manifestation of systemic disturbance. The enlarged or hypertrophied gland is frequently the seat of disease. Its "soil" is especially suitable for the growth and development of the scarlatinal organisms and the diphtheria bacillus. The gland in the abnormal state forms the portal of entry to the blood stream and lymph channels of many diseases. It is therefore of the first importance that these enlarged tonsils should be removed, and that special attention be given to the building up of the debilitated constitution. Frequently enlarged tonsils are associated with malnutrition. An enlarged tonsil may be the seat of "latent tuberculosis." In 60 children enlargement of the neck (cervical) glands was observed. In many of these the enlargement was probably due to extension of infection from the tonsils. The suspicion that this infection may be tubercular must not be lost sight of.

28.—**Squint, or Strabismus,** is an affection of the neuro-muscular mechanism of the eye-ball of such a nature that binocular single vision is interfered with, and the child either sees two separate objects (using both eyes at the same time) or uses one eye for vision to the exclusion of the other. The latter is the commoner sequence. The one most often in disuse is the squinting eye, and on this account it is on the high road to lose percipient power so long as it is uncorrected. If this correction is long delayed the loss of power is so great as to render the eye valueless for purposes of good vision. Squint is often associated with other serious defects of vision, *e.g.*, Astigmatism, Hypermetropia (longsight), etc. It is therefore of the highest importance that squints should receive early attention, and we are glad to say that the 51 squints mentioned in this table have received that attention, and are still under the observation of the Ophthalmic Assistant School Medical Officer.

The attention so given to squints invariably means a careful examination as to the need of glasses, and in almost all these 51 cases spectacles have been prescribed, and many of them have been, or may in the early future be, referred by the Ophthalmic Assistant School Medical Officer to his own care at the York County Hospital for treatment by operation. It should be noted that a squinting eye which has become defective through disuse rarely regains good vision even with glasses, except in the case of quite young children 5 to 8 years old. This makes it all the more evident that attention should be given to cases of squint at the very earliest possible opportunity. It should also be noted that the value of operation is mainly cosmetic (viz., to improve the appearance), and that improvement of vision as the result of operation is not common. It is, at the same time, of great importance to young persons to have their eyes straight when they go to seek employment. Operation does not obviate the necessity for the wearing of glasses, which is usually necessary for the non-squinting eye.

(P. MacD.)

29.—*Otorrhœa, or* "**Discharging Ears.**"—Very many of the children suffering from this complaint are also "hard of hearing." Otorrhœa is a troublesome complaint, very difficult to cure, especially in cases of long standing, and a source of considerable danger to the child. The cure of the complaint necessitates constant medical attention, but we are well satisfied with the results we have had so far in those cases which have attended the Treatment Clinic regularly, and carried out our instructions. We find the most troublesome and obstinate cases to be in those children who, through their own neglect, or that of their parents, do not take full advantage of the nursing and medical treatment held out to them.

During the year 85 children suffering from otorrhœa of one or both ears were treated at the Clinic, and the number of those who were discharged as cured at the end of the year amounted to 65.

The cure of chronic discharge, however, does not always necessarily mean the restoration of acute hearing.

30.—*STAMMERING.*—In our last Annual Report, page 111, we drew attention in a brief manner to this most serious defect of speech, as follows :—"Many cases are to be found in the schools, and it is highly desirable that *Special Classes* be formed for them in which special attention would be directed towards the amelioration or cure of the condition." Stammering is an acquired habit, and "children, either consciously or unconsciously, are especially prone to imitate any mannerism whether of speech or behaviour, and on this account peculiarities of voice or enunciation usually run in families, so that they are erroneously supposed to be transmitted, when in reality a little patient correction, or perhaps a different environment, possibly both, before the habit had become chronic, would suffice to check it." "Children, too, have been known to develop the impediment from the most casual acquaintances or playfellows, whilst nursery maids have been before now the cause of its appearance in families previously untainted." Dr. George Cathcart, in the "Medical Annual," 1908, mentions an interesting case illustrating this :—"The eldest child having contracted the habit with his first lispings from a stammering nurse, each of the younger members of the family mimicked the trick in turn, the youngest, with five bad examples before him, being the worst of all. It was found, however, in at least two of this group, that the stammering disappeared on removing them even for a short time to different surroundings."

The mechanism of speech is, to say the least, very complicated. It consists in the concerted action of three different mechanisms, viz. : (1) the respiratory, (2) the laryngeal, (3) the oral. It is the inco-ordination of these which results in stammering and this inco-ordination, when persistent, is often-times very difficult to overcome, and in some cases proves incurable. We cannot too strongly emphasise the need for special treatment for stammerers. The stammerers in the schools are daily in close and intimate association with children of normal articulation. It is obviously conceivable that an irreparable amount of damage may be in continuous process of formation, whilst such a condition of things is allowed to go on. We would strongly urge the isolation of stammerers, and children with other grave defects of articulation of speech, from amongst their normal fellows, and the formation of special classes or centres under the direction of *specially trained teachers.* Makuen says, "It is important to prevent stammering by careful training at the earliest threatening of the affliction. If the home surroundings of the incipient stammerer are unfavourable, by reason of an exciting environment or of the presence of other stammerers, a special school, or a special teacher of elocution, should be secured, and respiratory, phonatory, and articulatory exercises should be given. By such means a tendency to stammering may often be nipped in the bud." (Purvis Stewart, M.D., ibid. 1912.)

During the year 1909, as the result of a special investigation throughout the York Elementary Schools, there were discovered 78 stammerers (57 boys and 21 girls). We are not aware that any special provision, other than a more careful supervision on the part of the Head Teachers, has been made, and there is no reason to lead us to infer that this number has since been considerably diminished. Much more might be said under this heading, but we feel assured that the above few remarks will effect the purpose we desire during the year 1913.

31.—TUBERCULOSIS IN SCHOOL CHILDREN.

The great importance of this subject has been brought to the notice of medical men, and especially those engaged in examination of school children, by the revelations of continental specialists using tuberculin as the test. "By this means Hamburger and Monti have claimed a tuberculosis incidence of 90 per cent. in the case of school children in Vienna 14 years of age, an incidence of 70 per cent. in children between the ages of 7 and 8, and an incidence of 20 per cent. during the third year. Astonishing though these figures are, they have been substantiated and confirmed for Paris by Montoux, for Düsseldorf by Northmann, and for Prague by Ganghopner."

Sir George Newman has devoted a considerable amount of space to this subject in his last Annual Report. "Followers of Von Behring consider that pulmonary tuberculosis (consumption of the lungs, phthisis), at all events when it occurs in the adult in the usual more or less chronic form, is always a late manifestation of tuberculous infection acquired *during infancy or childhood*. If this be true, the fact serves still further to emphasise the need for protecting children from infection, whether human or bovine."

During the year 1910, 51,317 persons died from Tuberculosis, including Phthisis, in England and Wales, and of this number 13,132, or one-fourth (25·5 per cent.), were aged from one to fifteen years, viz :—

Aged 1— 5 years	8,896
,, 5—10 ,, ...	2,232
,, 10—15 ,, ...	2,004
	13,132

The number of children who died in York during the same year between like age-periods and from the same cause was 26.

"The two most obvious sources from which child tuberculosis may be derived are :—

(1) The expectoration of persons suffering from consumption.

(2) Milk from cows affected with tuberculosis.

Though there are other possible sources of the disease they are either so rare or so purely accidental that it is doubtful whether human foresight, with our present knowledge, could take practical measures to combat them.

Table 10 gives the number of cases of tuberculosis, with undoubted symptoms and signs, which were discovered amongst the 3,240 children scheduled. These amounted to six, two of which were of consumption of the lungs.

A measure of suspicion, however, must be extended to the following other cases found in the table, viz.:—

1.	Enlarged Neck Glands	60	Often of tubercular origin.
	Neck Gland Scars	7	
2.	Asymmetry and other Chest deformities—flat, hollow or pigeon chest, etc.	22	Predisposing factors.
3.	Bronchitis and Bronchial Catarrh	32	
	Enlarged Tonsils	630	
	Very Enlarged Tonsils	255	

All these defects and conditions are not necessarily tubercular, but they constitute pre-disposing agents of more or less anxious character ; No. (1) lead to a suspicion of latent tubercular foci, that the disease has obtained entrance to the system and may have selected these neck glands for its ambush, and awaits a favourable opportunity to attack the general system ; (2) chest deformities as a rule mean restricted lung and breathing space ; there is insufficient room for the full expansion of the lungs, the blood stream is thus deprived of an amount of oxygen, and suffers from excess of carbonic acid. It is obvious that such a state of things is inimical to health, and it is not difficult to realise how a child thus afflicted may contract tuberculosis. To escape he will require to have the greatest of care and attention. These especially are cases suitable for an Open-air School, where they would be under continual medical supervision ; (3) these are conditions, which, as it were, open the "doors" of the system to the invasion of the enemy; recurrent bronchial affections may pave the way to phthisis; and "tubercle bacilli have been found in the crypts of enlarged tonsils."

Bearing in mind the experience of the scientists of Vienna, Paris and other places, we are led to believe that a large part of the children constituting their 90 per cent. would include those suffering from some such conditions as the above. The importance of the early diagnosis of tuberculosis, latent or otherwise, cannot be over-emphasised, and it would be a step in the right direction were all suspicious cases, and also many of the children found to be suffering from malnutrition from obscure cause, subjected to the confirmatory tuberculin test. There are various methods of applying this test. "Tuberculin may be employed for diagnosis (*a*) hypodermically (Koch's tuberculin reaction); (*b*) applied per the eye (Wolff Eisner and Calmette's reaction); (*c*) applied upon the skin (Von Pirquet's reaction)."

By the exercise of special attention and investigation, we hope at a later date to be in a position to make a more satisfactory classification of obscure cases of tuberculosis and of pre-tubercular conditions, as well as of obvious cases of pulmonary tuberculosis and tuberculosis of other parts of the body, which may exist amongst the scholars in York Elementary Schools.

32.—*Provision for the Treatment of Tubercular Children.*—Additional provision may probably be soon required for the treatment of children suffering from tubercular disease, including cases of pulmonary tuberculosis, tuberculosis of the bones and joints, and glandular and other forms of tuberculosis. In addition to the provision of treatment at sanatoria and hospitals for tuberculous children, there is urgent need for a wide application of the principle of open-air life and education by means of open-air classes as well as open-air schools (day and residential) Such classes or institutions should provide not only for tuberculous children, but also for the large number of children who are suffering from ailments which, if neglected, would be likely to increase their susceptibility to tuberculosis. "It is also desirable that these institutions should be utilised, as far as possible, to teach the advisibility of the adoption of a practically open-air life in the homes of the children."

Sir George Newman dwells upon the co-ordination of the School Medical Service, and the Tuberculosis Dispensary.

"It is desirable that the School Medical Office should be closely in touch with the Dispensary, and that the services of the Tuberculosis Officer should be available, when needed, for children." (Such arrangements have now been made in York.) "There should not only be correlation between the Dispensary and the various institutions for children, but all institutions for tuberculous children, such as the school clinic, the open-air school, the sanatorium, etc., should be mutually correlated with one another in order to ensure easy transference of children from one institution to another whenever necessary." "The Board consider that a School Clinic and a Tuberculosis Dispensary may, if necessary, be housed in the same building, provided (*a*) that the rooms used by tuberculous patients—adults or children—are separate and distinct from the rooms used by school children attending the Clinic for complaints other than tuberculosis, separate entrances and waiting rooms being arranged; (*b*) that all reasonable precautions are taken in regard to disinfection of premises."

All child cases will be referred to the York Tuberculosis Dispensary as a clearing house, for the confirmation of diagnosis in doubtful cases, for the purposes of clinical record, and for treatment when required. Children of school age, fit or likely to become fit, to receive education, even in modified form, will be referred to the Medical Officer of Health and School Medical Officers for supervision at ordinary school, or for education in open-air schools, sanatorium schools, etc.

33.—The desirability of the establishment of an *Open-air School* is being confirmed by the revelations of the *tuberculosis* notifications. We have to consider that there are school children not only suffering from tubercular glands or from abdominal or bone tuberculosis, but there are numerous children living in homes in which some relative is, or has been, suffering from tuberculosis of the lungs ("Consumption"), some of whom will already have absorbed infection into some part of the body. Such children require especial care, and as much open-air life as possible. A period of open-air school life is most invaluable to them, and increases their resistance to the onset or development of the disease. The children of tubercular families, as is now well known, do not inherit the disease *as such*, but they inherit a more or less marked pre-disposition to it, and they have less power of resistance than children of non-tubercular parents.

Under-fed children are additionally handicapped—a not infrequent condition of things—seeing that it is so often the bread-winner of the family who is the original victim of the disease in the household. An absolutely essential feature, then, of the anti-tuberculosis campaign, and of open-air school methods, is that underfed children, or children who run the risk, owing to family poverty, of being underfed, should be substantially fed in connection with school-life. In all well-conducted open-air schools three meals a day are given, and most parents pay the charge covering the cost.

Two other important points require to be mentioned, viz., that in order to get the full value of open-air school life, some of the children, who live in unsatisfactory homes, should be kept in residence at the school: in other words, a certain portion of an open-air school should be a residential school, otherwise all the good done during the day-time at the school is undone during the night at home.

Another common need for these delicate children will have to be faced; that is, that when the parents cannot do it, the public must provide the necessitous with sufficient clothing and footwear. The latter is especially important, for it is impossible to cure or save a child from the development of tubercular disease if it is in a state of more or less chronic nasal or bronchial catarrh as the result of constantly cold or wet feet. Wherever parents can be compelled to make this provision, of course that should be done; otherwise it should somehow be done through public funds.

34.—DISEASES CONNECTED WITH THE HEART AND CIRCULATION.—Organic heart disease was observed in 10 cases or 0·3 per cent. of the children medically inspected. These were all acquired cases, the result of acute rheumatism, scarlet fever or chorea (St. Vitus' Dance). The mitral valve of the heart was the one affected in each case. In each case there was good compensation, that is to say, the walls of the heart were sufficiently strengthened to stand the increased pressure entailed by such a condition. So much was this the case that most of the children were unaware that anything was wrong with the heart, and in several of the cases the parents were informed of the disease for the first time. Mitral disease of the heart is one of the most serious in connection with this organ. It more or less limits the individual for the whole of his life, it restricts his pleasures and his occupations. In order to prolong his life he has to be careful, for over-exertion may destroy his compensation, and precipitate his end. Sir George Newman says, " Permanent disease of the heart of whatever degree is a serious and eventually disabling condition. But if it is slight and well compensated, if further attacks of rheumatism can be avoided, if the child can successfully pass through the critical time of puberty and adolescence and adopts a suitable trade or employment, there is every prospect that a reasonably long and useful life may be enjoyed. Thus, the extent of the crippling effects of heart disease depends largely on the wise care that is bestowed in the early stages of the illness, and the influence of medical inspection in securing this should become increasingly evident."

In England and Wales during 1910, 16,769 persons died from valvular disease of the heart, and, of this number, 688, or 4·1 per cent., were under 15 years of age.

Where children are discovered in school to be suffering from heart disease the fact is notified to the parents, but in such a way as to avoid unnecessary anxiety. The Head Teachers of the schools are also advised of the child's condition, and as regards the dangers of excitement and physical drill. Advantage is taken of the parent's presence at the medical inspection to dilate on the gravity of the child's state and the importance of continuous care. We are at present preparing a suitable leaflet on " Heart Disease and its connection with Rheumatism, Infectious Fevers," etc.

35.—*INFECTIOUS AND CONTAGIOUS DISEASES IN THE SCHOOLS.*—This subject is treated *in extenso* in another part of the report, but in connection with Table 10 it is interesting to note the number of these which were actually met with during the annual inspection amongst the children scheduled.

36.—Relation of Home Conditions and Social and Industrial Conditions to the Health and Physical Condition of the Children Inspected.—The work of the Health Department in the improvement of sanitation, the clearance of slum areas, and the lessening of over-crowding, is going on apace. We believe that the improved service of locomotion, and the extension of house-building operations in the outskirts of the city, will have a considerable influence on the health and physique of the school children.

In his recent striking address to the National Association of Head Teachers, Mr. John Kay, of Liverpool, dealt mainly with the hindrance to education caused by slums in great cities. " Between the slum and the school eternal warfare was waged, and the battle was always drawn. The edifice which society upreared with one hand was ruthlessly destroyed by the other. The school demanded the child for enlightened purposes, the slums maintained a ceaseless resistance. The child was wanted to carry drink, to nurse the infants of court and alley, or to sell matches or papers, so that its seniors might get their pleasures. The evanescent impressions of the schools were apt to be daily blurred by a longer, more real, spontaneous life in a vicious home atmosphere, where nothing was hidden. On the 14th birthday the restraining influence ceased. The child was then left entirely to an evil environment, and the slums claimed him for their own. Medical inspection and free meals were the reforms that had touched the slum child nearest, and the slum teacher had cause to rejoice in this new legislation."

More has yet to be done in the teaching of domestic economy, a subject the knowledge of which is very much lacking amongst the poorer classes of our population. How and what to buy, and how to cook to the best advantage, are problems which are not well understood by those who need them most.

THE OCCURRENCE OF INFECTIOUS OR CONTAGIOUS DISEASES AMONGST THE SCHOOL CHILDREN AND THE ACTION TAKEN AS TO DETECTION AND PREVENTION THEREOF.

37.—Cases of infectious disease notifiable under the Infectious Diseases (Notification) Acts, 1889 and 1899, occurring amongst the school children are directly controlled by the Public Health Department, and home contacts are excluded from school by that department. The School Nurse, when necessary, is directed to visit the school and class of the affected children, and note and report to the School Medical Officer any suspicious children she may happen to find. Suspicious " sore throats " are swabbed, and a bacteriological examination of the swab is made at the City Bacteriological Laboratory. Two " missed " cases of Diphtheria were thus discovered by School Nurses. Homes are visited and parents are advised as to isolation, and as to the wisdom of obtaining early medical attention. Strict supervision is exercised in all cases of infectious disease, and exclusion from and re-admission to school is carried out with the greatest care.

An important item in connection with this section is the distribution of leaflets of instruction and advice on Scarlet Fever, Diphtheria and Sore Throat, etc. These are sent out systematically by the Health Department, but they are also freely distributed by the School Nurses.

38.—TABLE 11.—DISEASES NOTIFIED TO OFFICE BY HEAD TEACHERS.—In Tables 12A and 12B are noted the fact that during 1912 there was a much larger number of children notified as suffering from infectious diseases (notifiable and non-notifiable). This table gives an account of the absentees from school notified, and suspects sent home, by the Head Teachers on account of conditions detrimental to the well-being of the child and his fellows in school.

39.—TABLES 12A AND 12B contain an account of prevalence of the two chief notifiable infectious diseases of childhood, and also of four common non-notifiable diseases during the past year. *Impetigo,* a very contagious disease amongst elementary school children, finds a place in this table. As a rule, it is associated with vermin, uncleanliness, and consequently with parental neglect. It is a " filth " disease, and, as a rule, does not occur in well-nourished, well-cared for children. It is therefore obvious that strong measures should be taken for its speedy banishment from school life. It is diminishing, but slowly. It is recommended that its recurrence in individual children might be dealt with under the Children Act, Section 12, as due to gross neglect.

The following information is taken from the Report of the Registrar-General for the year 1910 :—

98	per cent.	of all	deaths from	Chickenpox	Occur in children under 5 years of age.
92	,,	,,	,,	Measles	
86	,,	,,	,,	German Measles	
96	,,	,,	,,	Whooping Cough	
57	,,	,,	,,	Scarlet Fever	
56	,,	,,	,,	Diphtheria	

40.—These diseases largely prevail in the *Infants' Schools,* and it is usually these schools which have to be closed from time to time on account of epidemics. Such an epidemic generally starts amongst the most susceptible materials, viz., the children under 5 years of age. It then spreads to the unprotected children over 5, with consequent school closure, or an attenuated school attendance and its consequent disorganisation. School closure to a large extent might be obviated by the introduction of "*écoles maternelles*" or "Kindergarten Schools" as in France; in these, children between 2 and 6 years of age are looked after and instructed. At 6 years of age they are transferred to an infants' school. In the Kindergarten, children are only taught simple things, and the names and recognition of familar objects. These Kindergarten schools are in separate blocks and completely isolated, and the children are out in the open air as much as possible. For this purpose the school should have a large garden and field attached. (Hygiène Scolaire, Dr. Dufestel, Paris.)

With the exception of Whooping Cough, the numbers of notifications of children in the York Elementary Schools attacked by these diseases in 1912 have been considerably greater than during any previous year since the institution of medical inspection in 1908. This will be seen from the following tabular statement, which gives the numbers of school children notified to the Medical Officer of Health (Scarlet Fever and Diphtheria), and to the Assistant School Medical Officer (Measles, Whooping Cough and Chickenpox), for each of the past four years:—

	Scarlet Fever.	Diphtheria.	Measles.	Whooping Cough.	Chickenpox.
1909 ..	67	47	352	125	229
1910 ..	98	42	737	309	244
1911 ..	187	25	267	277	167
1912 ..	215	56	1,158	69	347

These figures show a progressively increasing tendency to recurring cycles of prevalence, or closer attention to notification.

41.—*Scarlet Fever.*—During 1912 the prevalence was pretty evenly divided, one half occurring in the first six months, and the remainder in the second six months of the year; 13 "missed" cases of Scarlet Fever were discovered by the School Nurses.

The schools and departments principally affected were:—

Scarcroft Road Mixed, 18; Scarcroft Infants', 10; St. Clement's Infants', 17; Poppleton Road Mixed, 13; Fishergate Mixed, 13; Fishergate Infants', 13; St. Clement's Upper, 13; St. Lawrence's Upper, 8.

42.—*Diphtheria.*—37 of these cases occurred during the second half of the year, and 21 per cent. of the cases notified during 1912 attended Shipton Street Infants' School.

The 22 primary cases at ages 8 to 15 years were distributed amongst 16 "upper" schools.

The Infant Schools affected numbered thirteen, but the outbreak at Shipton Street in September—December was the only serious one, there being 12 cases with 4 deaths, and "swabbing" revealed 24 positive suspects and 12 positive contacts.

DISTRIBUTION OF THE CASES AMONGST CHILDREN.

		Primary cases.	Secondary cases.
Under 8 years of age	Attending City Public Infant Schools	30	2
	Not attending School	14	3
		44	5
At ages 8—14	Attending City Public Elementary Schools (Upper Depts.)	22	2

43.—During September and October, 1912, a most alarming outbreak of diphtheria commenced in Shipton Street Infants' School, most of the cases being of the very fatal laryngeal form, formerly known as membranous croup. Altogether twelve cases of diphtheria were notified and four died. There were three other deaths of children certified respectively as due to Croup and Bronchitis, Acute Tonsillitis, and Laryngitis, which we could not but suspect, from their association with the other cases, may have been overlooked obscure cases of diphtheria. There were also one case in the Upper School in September and one in December. On October 11th, 1912, Nurse Simpson inspected all the children in the Infants' Department, and took six swabs from children who had had colds or sore throats, of which one proved positive ; this boy was isolated at the Fever Hospital until his throat had thoroughly cleared up. On November 5th, 1912, Nurse Boston took 38 swabs at the school from children who had, or had had, suspicious colds and throats, or who had been in contact with the cases of diphtheria, of which seven proved positive ; of these seven cases, four were removed to the Fever Hospital until their throats had cleared up ; one of them developed more severe laryngeal symptoms and died in spite of tracheotomy. Four of these positive suspects were afterwards notified and attended by general practitioners.

It then appeared that it had become absolutely desirable to close the school for a time, in order that a thorough search for "contact carriers" might be made, and in order that disinfection of the school and homes could be carried out ;

consequently the school was closed by order of the Health Committee from November 5th, 1912, to January 6th, 1913. Thorough disinfection of the school was then carried out, and a very considerable number of possibly infected articles (pencils, papers, books, etc.), which could not be disinfected, were destroyed at our destructor.

Leaflets *re* Diphtheria and "Sore Throat" were distributed to all the houses in the neighbourhood of this school.

Total first swabs taken from the children at this school by Nurse Boston and general practitioners, November 6th to January 6th :—

	Proved positive.	Proved negative.
Suspects	24	53
Contacts	12	41
Totals	36	94

Secondary swabs were subsequently taken by the Nurse or by the general practitioners until two consecutive negative swabs were obtained from each positive suspect or contact, and these totalled to 54 in addition to those above-mentioned.

44.—In respect of cases of both Scarlet Fever and Diphtheria the usual distribution of leaflets, investigation of suspects and contacts, warning of Sunday Schools, Bands of Hope, and libraries, etc., were carried out.

Convalescents were excluded from school attendance for at least another month after leaving hospital or sick room, so as to secure their freedom from infection and their full restoration to health, and they were visited by our School Nurses during that month, in order to see that they were keeping well enough to return to school. Some of them were, for special reasons, re-examined and advised by us personally—our endeavour being to secure return to school free from discharges from ears and nose, clear of enlarged tonsils, and of adenoids, etc.—in short, in as perfect health as possible.

45.—*Measles.*—95·7 per cent. of the cases of Measles occurred in the first half of the year, and it will be noticed that the number of cases which was reported was more than four times as great as in the previous year. School epidemics occurred, and several schools and departments, as is noted elsewhere, had to be closed on that account. The departments chiefly affected were those of the Infants, 85·6 per cent. of the cases occurring amongst them. Of the notifications, 24 per cent. from the Upper Departments, and 12 per cent. from the Infants' Departments, proved to be "contacts," necessitating their exclusion from school on that account. The schools chiefly affected were :—

Shipton Street Infants', 101 ; Park Grove Infants', 80 ; St. Lawrence's Infants', 80 ; Priory Street Infants', 76 ; Fishergate Infants', 73.

Whooping Cough.—The number of cases of this disease notified by the Head Teachers during the year was exactly one-fourth of the notifications of Whooping Cough received from them during 1911. 90 per cent. of the notifications were from the Infants' Departments.

Chickenpox.—The importance of this complaint lays in the fact that it has frequently been confounded with Smallpox, to which it bears a considerable resemblance. "Attacks generally occur in children, and the disease is rarely fatal." 15 per cent. of the cases notified were from the Upper Schools.

Impetigo.—152 cases of this "filth" disease were reported and sent out of school by the Head Teachers. Two out of every three children affected attended the Upper Departments.

46.—*List of Schools closed on account of Infectious Disease during* 1912.

Name of School.	Date Closed.	Until.	On account of
	1912.	1913.	
Shipton Street Infants'	Nov. 5th ..	Jan. 6th ..	Diphtheria.
		1912.	
South Bank Temporary (Infants')	Jan. 15th ..	Feb. 12th ..	Measles.
Scarcroft Road (Infants') ..	,, ..	,, ..	,,
Park Grove Infants' (Class 5) ..	,, ..	,, ..	,,
,, ,, ,, (Class 6) ..	,, ..	,, ..	,,
Fishergate Council (Babies' Class)	Feb. 9th ..	March 11th	,,
Shipton Street School (Babies' Class)	,, ..	,, ..	,,
St. Deny's (Infants')	Feb. 27th ..	March 25th	,,
St. Paul's (Holgate) (Infants', Babies' Class 3)	March 27th	May 20th ..	,,
St. Paul's (Foundry) (Infants') ..	April 4th ..	May 6th ..	,,
Clifton Church School (Infants')	June 17th ..	August 6th	,,
St. Paul's (Holgate) (Infants') ..	April 15th	May 20th ..	,,

47.—*Epidemic Ophthalmia in the Schools.*—The epidemic of this disease which obtained during 1911 may be said to be responsible in a great measure for the continued prevalence of Contagious Ophthalmia amongst school children during the year. The total number of children suffering from this disease who were reported by Head Teachers during 1912, on the Forms A and C, was 174, as against 223 in 1911. Many other cases of the disease were discovered in school by the nurses, or in the course of medical inspection by the Assistant School Medical Officer.

The total numbers of children suffering from Contagious Ophthalmia who received medical supervision at the School Clinic, for each of the three past years, are as follows :—

	January to July.	August to December.
1910	52	40
1911	325	583
1912	214	100

The treatment of External Eye Diseases at the School Clinic was not commenced until after the summer holidays of 1911, when the sanction of the Board of Education for such treatment was obtained.

The schools chiefly affected were :—

St. Denys', 44 ; Bedern, 36 ; Bilton Street, 31 ; St. Wilfrid's, 14 ; Micklegate, 12 ; St. Margaret's, 11 ; Fishergate, 11 ; Poppleton Road, 10 ; St. George's, 10 ; Park Grove, 8 ; St. Barnabas', 7.

48.—CLEANSING NOTICES UNDER SECTION 122 OF THE CHILDREN ACT, 1908.—The following is an account of the work done in this connection :—

Number of cleansing notices served on parents by the Education Department	42
Number of children referred to the Medical Officer of Health by the Assistant School Medical Officer since January 1st, 1912	42
Number of children cleansed at home	42
Number of schools affected .. .. (22 departments)	16

The schools chiefly affected were :—

Micklegate, Bedern, Fishergate, Poppleton Road, Holgate Bridge, English Martyrs', St. Denys', The Manor, St. Barnabas', Haxby Road, St. Lawrence's, Bilton Street, St. Clement's, St. Margaret's, Scarcroft Road, Park Grove.

The Chief Inspector of Nuisances, Mr. Drummond, has kindly furnished the following data in connection with these cases :—

Number of houses inspected 42, of which were :—	
Very filthy	3
Filthy	12
Moderately clean	20
Number of houses where bedding was removed for steam disinfection	10
Number of houses where bedding was not removed owing to :—	
Bedding being clean	25
House empty	7

49.—With regard to the non-notifiable diseases (see Table 2A) in the Infants' Schools proper, it is obvious that since the majority of the children have already had the disease, and are consequently practically immune, and that, of those children who have had measles, only about 6 per cent. are likely to again contract it, the amount of susceptible material, *i.e.*, those who have not already had the disease, must often be small. Therefore, in the occurrence of a first case of measles amongst the infants, if the more susceptible material were known it could be excluded for a period of three or four weeks, without so much disorganisation, and school closure would be prevented. For this purpose, however, a correct register must be kept at each school of all the children on the roll who have had these diseases—rather a difficult clerical task. A second attack of whooping cough or chickenpox is practically unknown.

Dr. Kerr, in a report to the London Education Committee, 1905, said :—" Measles *never* spreads in the Boys' and Girls' Upper Departments. There is no need to exclude children from infected houses who attend the Upper Departments."

We would like here to emphasise the importance which we attach to the exclusions from school by means of Forms A and C, and the resultant exclusion notices (Form E) sent out from this office. No such children should be re-admitted to school until a certificate of freedom from infection is received by the

Head Teachers from the offices of the Health Department or of the School Medical Department, or from the medical attendant. The latter certificate should first pass through the above-named offices.

50.—Last March the Education Committee resolved:—" That the Education Committee request the Board of Education to revive the grant known as the Epidemic Grant, which was abolished some time ago with unsatisfactory results to local authorities, and that other education authorities be invited to combine in an effort to induce the Board of Education to renew the practice of paying a grant in respect of the loss of annual grant incurred by the exclusion, under medical advice, of children from infected houses."

51.—*Infant Schools and Attendance Grants.*—In a recent speech in the House of Commons, Mr. J. A. Pease (President of the Board of Education), said :—

> " During recent years many measures, such as the Provision of Meals Bill, medical inspection, after care work, medical treatment, etc., had placed financial obligations upon local authorities, and he looked forward to the time when the Committee which was investigating the question of the incidence of taxation and rating would be able to present a report containing recommendations which would mitigate to a large extent the burden which fell upon the middle-class ratepayers and taxpayers of the country. Last year was a record in the attendance of children in elementary schools, amounting approximately to 90 per cent. He was not at all surprised that many education authorities had realised that the expense and trouble involved in teaching children under five years of age was not justified by the results. There was another matter in connection with the elementary side on which he proposed to make a new departure. In his view the ideal system on which the grant should be based was not the average attendance, but the value of the work performed. He proposed starting this year to make a block grant dependent on the actual work done in special subjects such as handicraft, gardening, etc., for boys, and domestic economy, laundry work, and household management for girls. The result would be that local authorities would receive a substantially increased grant."

This is exceedingly interesting, as we have before observed that the constant pressure being exercised to maintain a maximum average attendance has tended to antagonise the efforts being made to suppress certain contagious diseases in school.

Mr. Pease also admitted that in connection with the training of mentally defective children more money ought to be given by the State, and the Government was considering how they could encourage local education authorities to build special schools for such children.

THE "FOLLOWING-UP" AND MEDICAL TREATMENT OF THE PHYSICAL DEFECTS IN THE SCHOOL CHILDREN.

52.—TABULAR STATEMENT OF DEFECTS FOUND AMONGST THE 3,240 CHILDREN MEDICALLY INSPECTED AND SCHEDULED DURING 1912, WITH THE RESULTS OBTAINED BY "FOLLOWING UP" AND OTHER AGENCIES.

	Total.	A.	Per cent.	B.	Per cent.	C.
Defective teeth	*388	45	11·6	341	87·8	2
Defective vision	252	150	59·5	99	39·2	3
Enlarged tonsils and adenoids ..	263	69	26·2	185	70·3	9
Squint	51	27	52·9	24	47·0	—
Various	139	99	71·2	33	23·7	7

A—Attended to. B—Nothing done. C—Left school, no particulars available.

* This figure represents the number of children who had 4 or more decaying teeth.

53.—"FOLLOWING UP."—Whatever *defects* are *discovered in children upon* medical inspection the Form G. Med. (see Appendix B) is sent to the parents (with the additional footnotes in the case of defective vision or defective teeth), and verbal efforts of persuasion by the Assistant School Medical Officer and School Nurses and Managers and others follow. Every case is given ample opportunity to consult its own chosen medical adviser.

Most parents appear to be glad to be informed and they loyally attend to the advice given. Others are careless because they are ignorant, and in order to counteract that ignorance we circulate thousands of leaflets every year. I am sorry to say that a good many other parents are so indifferent that they will not avail themselves even of free facilities without a good deal of trouble. About twelve per cent. of the children in the elementary schools require prescriptions for spectacles. It must be remembered that a marked unremedied defect of vision in a child causes that child a good deal of unnecessary suffering, not only in the form of headache, neuralgia, etc., but, in the constant struggle of the child against such odds, it becomes set down as a dunce, and, if the defect be due to squint, the disfigurement subjects the child to frequent gibes and jeers from its companions. There are now not only the facilities of our local

Hospital and Dispensary, but also the special facilities at the School Clinic, especially as to prescribing of spectacles and the preservation of teeth. There is now, therefore, less excuse than ever for the neglect of these things in children, but, incredible as it may seem, there are some parents who decline to allow their children to wear spectacles, or who won't take the trouble to fetch them and pay for them, even when provided cheap. A lot of people fail to realise that, as education is provided for the children free, the community that pays that cost has a right to insist that children shall be maintained by their parents in a condition fit to receive and profit by that education, and that they shall be provided with such necessary adjuncts as spectacles when required.

Ignorance, of course, is responsible for a large part of this neglect. For example, parents have been known to buy spectacles for their child at second-hand stores! A squinting parent did not see the use of the squint in her child being interfered with as he had inherited it from her! To quote from our Annual Report for 1910 :—

J. E., Defective Vision : "Parents say the boy is going to be a grocer, so no need to be able to read. Teeth are loose, but as he does not complain, there is no need to trouble about them."

E. A., "Father considers the teeth quite good enough."

L. H., "Lives with grandmother, who agrees that the teeth want stopping, but cannot afford to pay for it."

This last cause of persisting defect need no longer stand in the way since we now have a School Dentist at the Clinic, on three days a week, to do such work gratis, and urgent cases also receive his immediate attention.

We were hopeful that in this report we should be able to record a much greater reduction of those conditions which we consider for the most part to be the direct outcome of parental neglect, viz., verminous conditions, impetigo, defective clothing and footgear, etc. If all parents would only do their part, their duty, there would be a speedy decline in these ill-conditions.

54.—We most cordially acknowledge the help given to us by subscribers to the Dispensary and the County Hospital who have presented us with *Recommendation Notes*, of which we have been able to make good use for the treatment of children of poorer parents suffering from diseases the treatment of which could not be undertaken at the School Clinic. We are in the position of being able to make particularly good use of such Notes, as we meet with numerous bona-fide cases urgently requiring treatment, but requiring also a good deal of persuasion and encouragement to apply for that treatment, especially when it needs trouble in seeking for Recommendation Notes, or when it needs courage to face pain or operative surgery.

Information was asked for from several of the schools in connection with which it was understood that Care Committees were organised, but the number of replies was not so satisfactory as anticipated. This work relates to the " following up " of defective children. In several cases the work of the Committee in this direction had lapsed, but we are pleased to put before you the reports received from the Care Committees of three schools, viz., St. Denys', St. George's and St. Margaret's.

St. Denys' Schools Care Committee.

Report for 1912. (Secretary, Mrs. E. M. Davies.)

" No new line of work has been undertaken by the members of the Care Committee during the year 1912. Many visits have been paid to families in special need of a varying nature, and help to suit the need has been given where it has been possible.

As in previous years, one member has undertaken to see the parents of those children whose eyes needed attention, and until the eye doctor at the Clinic was appointed, she took these children to the Hospital and to the optician, unless the parents could do this—or, where there was need for an operation, persuaded the parents to allow this to be performed, and obtained in-patient hospital notes. As before, the dinners have been superintended by one member of the Committee. The leaving boys and girls have in some measure been looked after, and the Committee now hope to be able to co-operate with the Juvenile Employment Officer, so that better help may be given to those who have left the school. So far the Clinic Dentist has not helped the Care Committee in looking after the children's needs, as the boys and girls inspected in September, 1912, have not yet been sent for to the Clinic for their teeth to be attended to.

Some adenoid and tonsil cases reported on last September are being undertaken by a visitor, but it is difficult to persuade parents to allow those to be operated upon. The boot club still goes on, but it does not supply boots to the poorest children, therefore the most needy. The Committee hopes that a more real co-operation will grow up between the Education Committee, the Magistrates, Clinic Doctors, and the Care Committees, so that more effective work may be carried through to help the children of the Elementary Schools."

St. George's Schools Care Committee.

Report for 1912. (Secretary, Sister Mary, Sister of Charity.)

" Three of the children have not been attended to. They each said that the teeth and tonsils gave them no trouble, and their parents did not want to give them, what they considered, unnecessary pain. The members of the Care Committee are in continual touch with the parents of the needy poor, and give substantial help when they can to the necessitous in most cases.

The children derive much benefit from the nourishing and appetising free dinners allowed by the Education Committee, as also do the Infants from the warm milk and buns distributed to them in the morning. Many Hospital and Dispensary Notes have been given to deserving cases ; visits have been paid, and help given in different ways. The drafting off to the Guilds on leaving school (both boys and girls), and going to work, still keep the children in touch with the Care Committee, who give help and encouragement when needed. Nearly 30 garments were distributed during the year. These articles of clothing were sent to us by the Catholic Needlework Guild. Much is being done for the amelioration of the neglected condition of some of the very poorest."

St. Margaret's Schools Care Committee.

Report for 1912. (Secretary, Mr. B. Lasker.)

" A Care Committee in connection with St. Margaret's School, Walmgate, was formed in May, 1912. By December 31st, some 40 cases had been dealt with, mostly cases of illness or physical defects disclosed by the medical inspection or discovered by the teachers. The Committee also acts as Aftercare Committee under the scheme of the Juvenile Advisory Department of the Education Committee. One of the rules is that the visitors do not give alms, but they try to become friends of the household they undertake to visit and to give that encouragement and friendly guidance which is often as much needed as material aid. The Committee provided a bath in the Parish Room for the use of the children, and during the latter part of the summer had an open-air shelter constructed on a piece of ground adjoining the Parish Room, with 15 beds to enable delicate boys, and boys from crowded homes, to sleep in the open. In spite of particularly unfavourable weather, from 8 to 12 boys on the average attended each night, and were provided with blanket bags, tooth brushes, soap, and a cup of cocoa in the morning. They were under the care of a young teacher who used the occasion to train the boys in the elements of personal cleanliness and of discipline. The experiment will be repeated next summer. The Care Committee also started a Boot Club to enable poor parents to save towards the purchase of strong boots for their children, of which a good many have taken advantage."

We are aware of a large amount of useful work being done by ladies, who, though not members of Care Committees, are connected with the schools, either as Managers or Visitors, or who in some other way are interested in the welfare of the children. The superintendence and distribution of the meals at the centres is carried out by several of these ladies, and at the Swinegate Mission Centre an organised system of supervision is mapped out by ladies who, taking it in turns, attend weekly. Two ladies are in attendance each day at the dinners.

MEDICAL TREATMENT OF PHYSICAL DEFECTS IN THE SCHOOL CHILDREN.

56.—We are in a position to report much more favourably under this head than on previous occasions. The means at the disposal of the Education Committee for the treatment of ailing or defective school children may now be stated to be on the fair road to being perfected. No school child should now suffer on account of the difficulty of obtaining medical treatment. Since the expansion of the School Clinic :—

(1) All manner of " minor " ailments, such as external eye diseases, contagious skin diseases, ringworm, etc., are treated or supervised at the School Clinic by the Assistant School Medical Officer, assisted by the School Nurses ;

(2) Defects of vision are ameliorated by the Ophthalmic Assistant School Medical Officer ;

(3) Defective dentitions are attended to by the Dental Assistant School Medical Officer ;

(4) Intractable ringworm of the scalp is X-rayed by the specialist at the County Hospital, by arrangement with the Education Committee ;

(5) The Tuberculosis Officer is ready and willing to examine, and treat if necessary, at the Tuberculosis Dispensary in Castlegate, all cases of suspected, incipient, or more advanced cases of tuberculosis sent to him by the School Medical Officers.

The York Dispensary, Duncombe Place, is at all times available for the treatment of suitable cases, and the Committee have been good enough to place a number of " dispensary notes " at the disposal of the School Medical Officers.

The York County Hospital is available for those advanced cases, both medical and surgical, which require " hospital treatment," provided the patient presents the necessary " hospital note."

We would have been glad to record here, as an available means of treatment, the Open-air School, which, when attained, will still further complete the chain of media at the disposal of the Education Committee for the treatment, amelioration, and cure of defects found amongst the children attending their schools. Our organisation will then be second to few in the kingdom.

57.—THE SCHOOL CLINIC.

The work done at the School Clinic now forms not the least important addendum to Medical Inspection. Besides a General Clinic for the supervision of children who are unfit to be in attendance at school, and a Treatment Clinic for children suffering from so-called " minor " ailments such as external eye diseases, impetigo, " eczema," discharging ears, etc., we now have Dental and Ophthalmic Departments, and the following time-table will give an idea of the weekly work done, especially when it is remembered that each Clinic is well attended.

School Clinic Time Table.

	Mon.	Tues.	Wed.	Thurs.	Fri.
	a.m.	a.m.	a.m.	a.m.	a.m.
General Inspection Clinic ..	—	9 30	—	—	9 30
		p.m.			p.m.
*Miscellaneous Treatment Clinic ..	9 0	2 0	9 0	9 0	2 0
*Ophthalmic Clinic	9 0	—	9 0	9 0	—
Dental Clinic	10 0	—	10 0	10 0	—
					a.m.
Optician attends (to fit spectacle frames, etc.)	—	—	—	—	10 0

* Children in attendance at school MUST be at the Clinic BEFORE 9-30 a.m.

The numbers of children who attended the *Inspection, and Miscellaneous Treatment* Clinics during 1912, the number of attendances, and the numbers still in attendance at the commencement of the Christmas holidays, are as follows :—

JANUARY—MIDSUMMER.

	1912.	1911.	1910.
Number of children who have attended	1,087	1,243	847
Number of attendances	3,669	2,725	1,938
Number of children still attending ..	146	267	74

MIDSUMMER—DECEMBER.

	1912.	1911.	1910.
Number of children who have attended	823	1,208	791
Number of attendances	3,219	6,239	2,451
Number of children still attending ..	132	136	148
Total attendances in the year ..	6,888	8,964	4,389

The following tabular statement shows the various diseases and ill conditions from which the children suffered ; it also gives the numbers of children attending during 1912 and in the two previous years.

This table gives the numbers of defects of children who attended "The Inspection, and Miscellaneous Treatment Clinics" during the year, and also the numbers of children still under Clinic treatment or supervision at the commencement of the Christmas holidays, 1912.

	January—July.			August—December.			Children still under Clinic treatment at commencement of Christmas holidays, 1912, and the defects from which they suffered:—
	1912.	1911.	1910.	1912.	1911.	1910.	
Scalp Ringworm	106	142	148	91	102	121	36
Body Ringworm	48	42	66	24	29	26	..
Pediculosis (Lice and Nits) ..	168	239	169	180	81	262	4
Impetigo	81	112	135	77	57	95	12
Eczema	66	64	62	87	78	42	9
Contagious Ophthalmia	214	325	52	100	583	40	11
Blepharitis (Inflamed Eyelids) ..	31	41	29	29	39	25	8
Scabies (Itch)	14	15	17	11	8	7	7
Abscess	8	14	..	14	9	..	5
Otorrhœa (Discharging Ears) ..	45	20	22	64	22	12	20
Debility	19	31	..	21	24	..	1
Defective Vision and Squint ..	10	17	19	12	5	48	..
Various	375	276	266	335	251	229	31
Total defects ..	1,185	1,338	985	1,045	1,288	907	144

Almost all the above cases received treatment at the Clinic. The chief difficulty experienced in the treatment is the irregularity of attendance of many of the children. We have been obliged to discontinue treatment in several cases on account of this negligence to attend. It is difficult for outsiders to realise how indifferent some parents seem to be, as to the well-being of their children. We are convinced that this callousness is the cause of a considerable amount of child suffering, both directly and indirectly. We say " callous " because " ignorance" fails to explain altogether the inattention to, and lack of interest taken in, the free skilled advice and treatment which is held out to these parents for their suffering children.

Scalp Ringworm.—The total number of children affected by this complaint under supervision during the year was 160, including 29 who were transferred from the 1911 cards at the end of that year.

Number X-rayed at County Hospital ..	57	120	
Number treated by Private Practitioners ..	35		
Number treated at Clinic	28		
Total number re-admitted to school as cured			120
Children said to have left city			4
*Still under treatment at the close of 1912 ..			36
			160

* 23 of these were re-admitted to school as cured, during the opening week of the New Year, 1913.

SESSIONS OF CLINICS (GENERAL, AND MISCELLANEOUS TREATMENT ONLY) AND ATTENDANCES.

	1912.	1911.	1910.
Number of Clinic Sessions held during the year	324	192	86
Average attendance per Session	22	46	51
Number of children who attended the Clinic during year	1,910	2,451	1,638
Number of attendances at Clinic during year	6,888	8,964	4,389

An arrangement has recently been made between the School Medical Officers and the Head Teachers of the schools whereby the not uncommon occurrence of children being *sent to the Clinic, and playing truant instead,* will be obviated.

We expect to receive a Government Grant of about £186 in aid of the Clinic during the year 1913, in respect of the work done in 1912–13, under the new regulations of the Board. The grant for 1913–14 should be higher still. The Clinic has been cordially approved by the Board.

EXPANSION OF THE SCHOOL CLINIC.

During the summer the Education Authority passed the following resolutions, which had afterwards to be slightly modified in completing the arrangements as to this much-desired step forward :—

58.—*Re* DEFECTIVE VISION.—That an expert local Ophthalmic Surgeon be appointed as Ophthalmic Assistant School Medical Officer, to attend to such cases as have not been dealt with by private practitioners, or by the medical charities, within one month after reference of the case to the attention of the parents—and to attend to such cases as cannot be dealt with by the School Medical Officers.

That such Ophthalmic Surgeon carry out his work by means of the Ophthalmoscope, and devote at least two half-days per week of three hours each to the work (school holidays excluded), which shall be carried out at the Committee's Clinic.

That the Ophthalmic Surgeon be appointed for terms of two years, and be paid a retaining fee of ten guineas per annum, plus a uniform fixed fee of five shillings per case examined and prescribed for, and that the person appointed be eligible for re-engagement.

That the apparatus (to be used at the School Clinic) be provided by the Education Committee.

That all the cases of defective vision or disease of the eye to be dealt with by the Ophthalmic Surgeon be only such cases as are referred to him by the School Medical Officer, or his chief Assistant.

That the Ophthalmic Surgeon be required to record full notes of the defective condition, and of the character of the spectacles or other treatment prescribed, and that these records be kept at the Clinic premises.

That the Education Committee shall have an annual contract with a competent local optician for the supply of spectacles, as prescribed by the School Medical Officers or Ophthalmic Surgeon, for the use of the elementary school children. The Education Committee to pay the contractor for the spectacles on a fixed scale of charges. As a condition of contracting for the supply of spectacles, the prescriber shall always see and try the spectacles on the child, after they have been received, and reject them if unsuitable or imperfect. The spectacles to be English-made, and of proper fit, and the prices on a sliding scale, not at a uniform charge.

That the prescriptions for spectacles be sent by the Ophthalmic Surgeon, through the School Medical Officer or his chief Assistant, to the contracting optician, who will send the spectacles, when ready, to the offices of the Clinic, where the Ophthalmic Surgeon will test them, as above mentioned.

That the spectacles, if found by the prescriber to be correct, be paid for by the parents at contract price, either per lump sum or by fixed instalments.

That charges in cases in which parents are unable to pay for spectacles (in the opinion of the School Medical Officers, or in the opinion of the School Attendance Officers, after enquiry) be wholly or partially remitted by the Special Schools and Medical Sub-Committee or its Chairman.

That the Ophthalmic Surgeon pass his notes of advice regarding children who do not require spectacles, but only modification of educational methods, to the Head Teachers, via the School Medical Officers.

That after a child has received the spectacles required, intimation be sent to the Head Teacher of the school it attends, who will be requested to ask his Class Teacher to see that the child always possesses and uses the spectacles when required, and the Head Teacher of each school should be requested to personally hold a periodical "spectacles drill." Cases observed in which spectacles are not being used, or in which the spectacles appear to be defective, to be reported by the Head Teachers to the School Medical Officers for investigation.

59.—*Re* DEFECTIVE TEETH.—That a fully qualified local Dentist be appointed as Dental Assistant School Medical Officer to attend to such cases as have not been dealt with by private practitioners within one or two months after reference of the case to the attention of the parents.

That such Dentist devote at least two half-days per week of three hours each to the work (school holidays excluded), which shall be carried out at the Committee's Clinic.

That such Dentist be appointed for a term of two years, and be paid a retaining fee of ten guineas per annum, plus uniform fees or stipend as arranged with the local Dentist. (A stipend of £100 a year was ultimately arranged.)

That the apparatus (to be used at the School Clinic) be provided by the Education Authority.

That the cases of defective teeth to be dealt with by the Dentist would be cases referred to him by the School Medical Officer, or his chief Assistant, and the School Dentist would also have to undertake the inspection of dentally defective children, and undertake the treatment of the selected children at the Clinic by extraction or conservative methods ; as a preliminary step, all the children between the ages of five and eight years attending the schools to be inspected by the dentists, treatment of the worst cases to begin at the opening of the Clinic, and then the less urgent cases taken in hand. Conservative treatment to be undertaken in each group from the beginning, and periodical re-inspection to form part of the scheme, with further treatment if found necessary.

That the Dentist be required to record full notes of the defective conditions, and of the exact character of the treatment carried out, and that these records be kept at the Clinic.

Where parents (in the opinion of the School Medical Officers, or in the opinion of the School Attendance Officers, after enquiry) are unable to repay the fees decided upon, these would be partially or wholly remitted, or would be referred to the Clinic Sub-Committee to be remitted.

Tooth-brushes should be obtained by the Local Education Authority in quantities by contract, and should be sold to the children at cost price. It would then be the duty of the teachers to instruct the children in their habitual use, as in other towns.

Copies of the above terms were sent to all the local qualified ophthalmic and dental surgeons, and applications for the respective appointments solicited, with the happy result that Dr. Peter Macdonald, Ophthalmic Surgeon to the York County Hospital, and Mr. T. E. Constant, M.R.C.S., L.D.S., of York and Scarborough, were duly appointed to the respective offices.

60.—OPHTHALMIC DEPARTMENT.

WORK DONE BY THE OPHTHALMIC ASSISTANT SCHOOL MEDICAL OFFICER (Dr. Peter Macdonald) :—

Dr. Macdonald commenced work early in September and his clinics were held in 14½ weeks, 6 hours each week=87 hours.

Number of children with defective vision referred to him :—

Routine	118
*Non-routine	87
Total ..	205

" Routine " cases are those discovered in school during medical inspection.

" Non-routine " cases are those who have otherwise been discovered, referred by Head Teachers, or School Managers, or who have been sent from the County Hospital.

* 51 of the above non-routine cases were squints. The remainder, viz., 154, had the following defects :—

Hypermetropia	17	" Longsight "	
Hypermetropic Astigmatism ..	42		
Myopia	13	" Shortsight "	
Myopic Astigmatism	26		
Mixed Astigmatism	21		
Anisometropia	17	Unequal Vision	
Treatment not completed	15		
Refused examination or treatment	3		
			154
Squints			51
		Total	205

Spectacles were prescribed and ordered in 140 *cases* :—

		£	s.	d.
In 66 of these cases full payment was made .. .. =		11	7	3
,, 2 ,, ,, payment was made by instalments ,, 3 ,, ,, payment was being made by instalments	=	0	13	0
71 Total amount received ..		£12	0	3

In the remaining 69 cases extending over a period of four months no attempt at payment had been made.

		£	s.	d.	£	s.	d.
47 *Spectacles paid for in full as follows:—*							
18 Sphericals ..	at 2/6 =	2	5	0			
7 Cylindricals ..	at 3/6 =	1	4	6			
22 Spherical Cylindricals	at 4/6 =	4	19	0			
					8	8	6
15 *Combination spectacles paid in full as follows :—*							
8 paid 3/- each	=	1	4	0			
3 ,, 4/- ,, ...	=	0	12	0			
4 ,, 4/3 ,, ...	=	0	17	0			
					2	13	0
In 4 cases spectacle frames formerly used by the children were utilised :—							
Therefore, 2 cases paid 1/6 each ..	=	0	3	0			
1 ,, 1/9 ,, ..	=	0	1	9			
1 ,, 1/- ,, ..	=	0	1	0			
					0	5	9

Between September 1st and the end of the year, *prescriptions for spectacles* have been issued to the contractor as follows:

Sphericals	39
Cylindricals	20
Sphero-Cylinders	81
Total ..	140

61.—After a child has received the spectacles required, intimation (see copy of circular in Appendix), is sent to the Head Teacher of the school it attends, who is requested to ask his class teacher to see that the child always possesses and uses the spectacles when required—as both children and parents are often shy of their use at first—and the Head Teacher of each school is requested to personally hold a periodical "spectacles drill." Cases observed in which spectacles are not being used, or in which the spectacles appear to be defective, are to be reported by the Head Teachers to the School Medical Officers for investigation.

62.—DENTAL DEPARTMENT.

WORK DONE BY THE DENTAL ASSISTANT SCHOOL MEDICAL OFFICER (Mr. T. E. Constant, M.R.C.S., L.D.S.)

Inspections	293
Fillings	185
Dressings	76

(*Dressing*—This is one of the most important operations in connection with dental work, and includes scaling, " killing " of nerves, all preparations of teeth for filling, and various treatment of the gums).

Number of hours' work done by the Dentist	90
Number of children who were referred to him, but who neglected to follow out his instructions	176

The Dental Assistant School Medical Officer commenced work at the beginning of September, and from that time until the holidays at Christmas, has been hard at work. He has given excellent service and over-measure. It will be seen that during this first quarter he spent 90 hours on this important work. To the uninitiated the terms " Inspections," " Fillings," and " Dressings " convey little meaning, perhaps, but in order to carry out successful work, more especially where children are concerned, it requires considerable patience, skill, and time for these three operations. The children who have up to the present been receiving the attention and treatment of the dental surgeon are those who were found to have defective dentitions of whatever extent in the course of medical inspection during the year, and the children were referred to the Dental Clinic in the order of their medical inspection.

So far the age periods dealt with have been those of 12 to 13 and 13 to 14 years of age. At first we contemplated dealing with children of the age of 5 to 8 years of age and to follow them during school life, but on secondary consideration our Dental School Medical Officer thought that the former age-periods would be the best to adopt at first, in order to first of all popularise the Clinic, as the elder children would be able in the homes to speak of the character of the work done, about which probably groundless fears existed. Secondarily, it also afforded those children who are about to leave school such an opportunity as they may not easily obtain after school age, of equipping themselves the better for the battle of life in front of them. We are pleased to say that the method of procedure has so far been successful, and that at no time since its inception has the School Dentist been in want of material. The children who come to the Dental Clinic have readily undergone the various operations with a patience worthy of more advanced subjects. This has been of great assistance to the Dental Surgeon, who could not otherwise have done such a large amount of fillings and scalings in such a short space of time.

A large number of the children examined have not returned for treatment, especially after going elsewhere for *preliminary* extractions. In the latter part of the year, therefore, the Clinic commenced extractions in those cases where that was a necessary preliminary to doing fillings of other decayed teeth. Mr. Constant and his partner have given more like 10 hours a week than the six hours specified, and have worked a total of 90 hours. They have entered into the work with zeal and tact, and we may look forward this year to a lot of splendid work being accomplished in the preservation of the teeth and the purification of many mouths.

During the year 1913 we hope to pay more attention to dental defects in the younger children, *i.e.*, from the age not later than 6 years, onwards.

We may add that all school children whose dental defect requires immediate treatment receive it without any delay, and that several such cases, referred by Head Teachers, or brought to the Clinic by parents, have had the prompt attention of the Dental Surgeon.

The next move is to arrange for a supply of tooth brushes to the school children at the lowest possible charge, and to get the teachers to " drill " the rising generation in the daily use of that most necessary implement of cleanliness.

Card records are kept of the results of the examination and work of the Ophthalmic and Dental School Medical Officers.

63.—*Attendance at the School Clinic.*—When parents, after repeated warnings, neglect to attend to the ailments of their children at the Clinic or otherwise and such children are thereby not fit to return to school within a reasonable time, the parents are required to appear before the School Attendance Sub-Committee, and if the Committee is not satisfied further proceedings may follow ; and at a recent meeting of the Sub-Committee a desire was expressed that Dr. Galbraith should be present when such cases were under consideration. Our experience with regard to some of the parents, especially respecting their treatment of children with defective vision, is such that it seems not improbable that legal proceedings will some day have to be taken against some of the parents under Section 12 of the Children Act for neglect of such defects. It is extraordinary that parents will not avail themselves of the facilities whereby spectacles are prescribed without charge and the parents are only charged the contract price for the spectacles, the price being very much less than what they would have to pay at an ordinary shop, and about one-third the amount if they went to some of the opticians who advertise " No charge made for testing," but who compensate for this " generous " offer by charging three or four times the actual commercial value of the spectacles.

One of our chief troubles, so far, has been that the child is examined by the Ophthalmic Assistant School Medical Officer, he prescribes necessary spectacles, these are duly prepared by the contracting optician, but the parents refuse or neglect to apply for them, so we have had many pairs laid on our hands for a time. In order to get over this difficulty we now propose to adopt the following plan : after the examination by the Ophthalmic Surgeon, and he finds spectacles to be necessary, the responsible parent, if able to pay, will be required to sign an agreement to pay for them, by instalments or otherwise, and before the spectacles are handed over, at least half the amount must have been paid.

64.—We understand that the Bradford method of dealing with obstinate parents is something as follows :—

(1) Threaten the people with prosecution under the Children Act ; (2) Failing that, they take the case to court, the doctor and class teacher, if necessary, giving evidence as to the child's defective vision, and the Stipendiary Magistrate gives the parent two weeks, at the end of which they must produce the child wearing the (paid for) spectacles ; (3) Failing that, the Magistrate fines the parents or sends them to prison.

They recover 80 per cent. of the cost of spectacles at Bradford.

THE HYGIENIC ARRANGEMENTS AND EQUIPMENT OF THE SCHOOL BUILDINGS.

65.—The School Medical Officer has attended most of the meetings of the Sites Sub-Committee, with the object of giving every help possible in the improvement of the older schools in relation to the health and physique of the children. It is a pleasure to record that works of improvement are rapidly progressing throughout these schools.

Considerable improvements have been made during the year at Bedern School, St. Wilfrid's Infants', St. Thomas's, St. Lawrence's and St. Margaret's Schools, particularly in regard to the lighting and ventilation of class rooms, cloak room arrangements, etc.

We fully intended reviewing the above-mentioned improvements in detail in this Report, but the pressure of other urgent work has made it impossible to do so. In our next Annual Report we hope to be able to review the improved conditions of these and other schools in full.

66.—The Boys' Department of *Shipton Street School* has been removed to the temporary school at Brook Street, and the Burton Lane temporary school closed; Shipton Street School was made into a school for girls and infants only, and some improvements were made in the seating arrangements, including the removal of a gallery and the enlargement of windows; badly-needed re-painting was also done. Some improvements of the heating and of the drainage of the school are still required.

The drainage of *St. Paul's* (*Holgate*) *Boys' School* was found to be very defective and had to be reconstructed.

There are many unsatisfactory things at St. Paul's (Foundry) school which still remain unaltered. (See our Annual Report for 1910).

67.—Attention has been called during the year to the *overcrowding* of St. Deny's School (this has been relieved to some extent by the opening of Castlegate School); of St. Clement's School (this I understand cannot be relieved until the completion of the new Knavesmire Council School); of Bilton Street School—this has been relieved by the opening (on January 6th, 1913) of the building known as Layerthorpe Junior School (presented to the Education Committee by Mr. F. J. Mills) as a school for Infants.

68.—Attention has again been prominently directed during the year to the very defective heating and ventilation arrangements of *Fishergate School,* and to the unsatisfactory lighting and ventilation of its Infants' Hall. The improvement of these defects is a very difficult matter ; I regret to say that nothing has yet been achieved, and that it is still a matter for consideration.

Last September my attention was called to, and I reported upon, the unsatisfactory ventilation of *Scarcroft Junior Mixed School,* and the matter was referred to Mr. Whincup for report upon means of improvement. This report is, however, still awaited.

Plans are under consideration for the extensive improvement (estimated to cost £1,000) next Midsummer of the old part of Priory Street School, and the extension of the Municipal Secondary School for Girls.

69.—The beginning of the new year 1913 witnessed the opening of *the school in Castlegate* (built in 1890 by a Church Sisterhood) as a Council School for Girls and Infants, to relieve St. Deny's and Bedern Schools. The formation of the new street from Pavement to Piccadilly has greatly improved the positon and environment of this school. The buildings were not entirely satisfactory in their arrangements, but these have been considerably improved since the building was purchased by the City Education Authority during 1912. The School Medical Officer took part in the planning of the alterations, but some of his recommendations as to cloak rooms, lavatories, etc., still remain to be carried out. In the meantime, it is a pleasure to record that the above-named overcrowded schools have been relieved by the transference of the children to such very much better conditions. Sheds for open-air teaching could very well be provided in the playground.

70.—The School Medical Officer has also taken part in the consideration of the plans of the *new Knavesmire Council School* to be built during the forthcoming year, and, largely through his initiative, it has been decided to make some of the class rooms capable of being completely opened to the outer air, for the purpose of open-air teaching ; the erection of covered sheds in the playground for the same purpose, and the insertion within the school premises of *spray or shower baths* were also planned.

This is the first time that such baths have been inserted in any City School. It is impossible to provide for the numbers of children attending the larger schools taking a separate *slipper bath* every week, but it must be recognized that it is very desirable to inculcate the periodical bath as part of the training of the children, especially in districts where hardly any of the houses contain baths. Under the proposed arrangement of shower-baths it will be possible for a whole class to have shower and soap baths at one time, as part of the weekly curriculum.

71.—The opening last October of the beautiful new model school at *New Earswick,* although outside the city, is deserving of mention as a feature of the class rooms is that the windows occupy almost all the space of the outer wall, and they are arranged to slide and fold up in such a manner that whenever required any or all of the class rooms may be used as open-air schools. There are well-equipped cloak rooms and lavatories, and private rooms for the head teachers and staff. The cloak rooms are so constructed as to be easily washed. The building throughout is heated by means of hot water pipes, and these are so arranged in the cloak rooms that wet clothing may be dried by being hung immediately over them.

72.—The President of the "Physiology" Section of the British Association (Mr. Leonard Hill), at the Annual Meeting, 1912, gave a very interesting address on "The Maintenance of Health." Here are a few points from his address :—

He began by saying that "the change in the chemical composition of air produced by people being crowded in a room was not the cause of mischief. In reality, the health-promoting properties were those of proper temperature and light, movement and relative moisture of the surrounding atmosphere. The sun was often cut off by shadows and smoke, the sun the giver of all things which brought joy to the heart of man. . . . The bracing effect of cold was of supreme importance to health and happiness. We became soft and flabby, not because of the cold, but because of our excessive precautions to preserve ourselves from cold, and the prime cause of "cold" and "chill" was not really exposure to cold, but to the over-heated and confined air of rooms, factories, and meeting places. Ill-chosen diet, the *windless uniformity of atmosphere,* and neglect of vigorous muscular exercise in the open air, and exposure to the winds and light of heaven were all important causes of mischief. As to consumption, the conditions of exhausting work, and amusement in confined and over-heated atmospheres, together with ill-regulated feeding, determined largely whether the infection, which almost none could escape, became serious or not. The risk lay in over-heating our dwellings and over-clothing our bodies, so that the mechanism engaged in resisting infection became enfeebled." All the more need therefore for well-lighted through-ventilated dwellings and schools.

73.—*Provision of School Playgrounds.*

Report of Departmental Committee :—

"The Board of Education have issued the report of the Departmental Committee which inquired into the question of playground accommodation for public elementary schools. The report gives the history of the provision of playgrounds, and shows that the object was to enable children to have suitable recreation and physical exercise. The committee are of opinion that a field or park was more suitable than a playground for the organisation of games, but, unfortunately, the provision made in fields and parks was at present lamentably deficient. The committee, therefore, express the opinion that when new schools are being planned every effort should be made to secure facilities for games on a much more abundant scale than has been the case in the past. The committee's main recommendations are as follows :—

(1) That the shape of the playgrounds should be more carefully scrutinised, and that passages, fore courts, etc., should not be counted as forming part of the minimum space required ;

(2) (*a*) That except in very small schools, playgrounds should be separate for boys and girls ; (*b*) that the playgrounds for girls and infants need not be separated ; (*c*) that where girls and infants use the same playground the area must be sufficient for the total number of children, calculated in accordance with the following recommendations ;

(3) That where other provision is made for games :— (*a*) Each undivided playground for 200 children and upwards should provide (*i.*) 20 square feet for each older child ; (*ii.*) 16 square feet for each infant ; (*b*) each undivided playground for less than 200 children should provide 2,000 square feet, together with (*i.*) 10 square feet for each older child, and (*ii.*) 6 square feet for each infant ;

(4) That where no other provision is made for games :— (*a*) Each undivided playground for 200 children and upwards should provide : (*i.*) 30 square feet for each older child ; (*ii.*) 16 square feet for each infant ; (*b*) each undivided playground for

less than 200 children should provide 2,000 square feet, together with (*i.*) 20 square feet for each older child ; (*ii.*) 6 square feet for each infant ;

(5) That (*a*) where a site is expensive (regard being had to the price of land and resources of the authority) the Board may accept a playground below the measurements specified in Section IV. (*a*) and (*b*) above ; (*b*) the precise degree of reduction from this standard shall be decided on the merits of each case, but in no case shall the reduction bring the playground below the measurements specified in Section III. (*a*) and (*b*) ;

(6) Every school should have space for each class to take its lessons in physical exercises in the playground or an equivalent space ;

(7) After 1920, a playground allowing less than 10 square feet for each child should be classed as ' insufficient ' ;

(8) After 1925, a playground allowing less than 15 square feet for each child should be classed as ' insufficient ' ;

(9) Enlargements of buildings should not, except in unusual circumstances, be allowed if it would result in a reduction of the playground below the limits specified in Sections III. and IV. Reduction of playground below these limits by the erection of buildings for special subjects should not be allowed ;

(10) A roof playground should be accepted, and if it covers virtually the whole of the building should be regarded as satisfying the requirements of the children, other than infants, occupying one floor."

It would be interesting to know how far the playgrounds in our York schools comply with these future requirements—a matter quite proper for enquiry during 1913.

74.—*SEATS AND DESKS.*—We have on several occasions drawn attention to the worn and old-fashioned long desks and forms which obtain in many of the schools. In some of the schools as many as eight children have to accommodate themselves for reading and writing at one of these out-of-date desks. Such close proximity to one another tends to the spread of verminous conditions and of infectious and contagious diseases. The long desk, moreover, has to accommodate all sorts and *sizes* of children ; the children cannot always adapt themselves to the consequent uncomfortable positions without adopting improper attitudes, which may lead to permanent crippling of the physique, and even to the production of permanent deformities: a child has not got the freedom of sitting and working properly which obtains in the ideal—the single desk and single seat.

As Dr. Crowley says:—"The old-fashioned continuous desk and continuous seat is not permissible, and in so far as it survives, only does so because the arrangements of the school proper are sacrificed to other conditions. In the ideal school, each standard or class should have its own class room, and each child should be allotted its own place in that class room, and should have its own seat and desk *properly adjusted to it.*"

The dual desk, now being gradually supplied to the above schools, is a great improvement upon the old long desks, and is a present solution of a costly problem, but Dr. Kerr, School Medical Officer to the London County Council, and others, are of opinion that even the dual desk has serious disadvantages, *e.g.*, (*a*) it necessitates pairs of children sitting close together, frequently in close contact; (*b*) teachers sometimes train them to contorted attitudes to prevent copying; (*c*) for some lessons teachers in the older, wide, class rooms bring the children together three in a desk. The sanitary objection (*a*) is in London the most important. The logical development of dual desks is the *single seat and desk.*

SPECIAL SCHOOLS.

Review of action taken as regards Blind, Deaf, and Mentally and Physically Defective Children under the Special Acts of 1893 *and* 1899—(*Elementary Education Blind and Deaf Children*) *Act,* 1893), (*Elementary Education* (*Defective and Epileptic Children*) *Act,* 1899).

75.—Three deaf, two blind children and one epileptic, were discovered in school, and were transferred to suitable institutions by the Education Committee. Mentally defective boys were transferred to the "Special" School at Holgate Bridge. There is, at present, no special provision for the educational treatment of mentally defective girls. Neither is there any special provision for physically defective children, of whom there are a considerable number.

76.—In our last Annual Report and in our Special Report on an Open-Air School for York, in a tabular statement, was given the number of physically defective children in the schools. Of crippled children there were 166 (92 boys and 74 girls), children varying in age from 5 to 14 years. (Note.—" Crippled " here included only markedly bow-legged, knock-kneed, ankylosed or stiff joints, and hip disease, and excluded some minor defects). The Table also included possibly tubercular, 35 ; malnutrition, 371 ; chronic discharging ears (otorrhœa), 128 ; nerve cases, 28 ; heart disease, 9 ; all of which were discovered at the same time, and may be looked upon as physical defects of a more or less serious character. Many of such cases benefit greatly by

OPEN-AIR EDUCATION.

The Chief Medical Officer of the Board of Education (Annual Report 1911), says :—" Open-air education for elementary school children is now obtainable by the following methods :—

1. Open-air class rooms ;
2. Classes in open-air, playground classes, etc.
3. Country schools and school journeys ;
4. Day open-air schools ;
5. Residental open-air schools.

" Each of these five kinds of institution has its advantages, and together they represent the total benefit of the open-air system, which introduces in a simple and direct way the preventive side of education for children suffering from chronic or for more or less temporary ailments. The advantages secured are various. The teacher and child learn from practical daily experience the benefits to be derived from outdoor life. A certain amount of ordinary school work can be better done in the open-air than in an ordinary class room, as, for instance, some observational work in physical geography, nature study, gardening, etc. Still more important, the child becomes physically strengthened and mentally responsive, shows a keener aptitude to learn, and is happier for the joyous contact with nature and for the freedom to move, to play, to search, to record, and to imagine. He has ample opportunity of learning to abhor stuffy rooms, whether in school or home, and there can be little doubt that as the new movement extends it will become a powerful influence in encouraging the people to work out their own salvation in regard to some of the problems of domestic sanitation. Indeed, it is hardly too much to say that the introduction of the open-air system is the condemnation of what may be called the stuffy-school-system of education."

In our Report for 1910 we very briefly described two Open-air Schools which had been visited, viz., Bradford Open-air School and Bermerside Open-air School, Halifax (which latter was visited by a deputation of the York Education Committee during 1912). The Halifax School has now been formed into a residential and day open-air school with provision of beds for 30 children (12 boys and 18 girls). A full description of this institution is given by Sir George Newman in his report for 1911. "The essential principles of treatment at this residential school are :—(1) abundant fresh air ; (2) sufficient plain, wholesome food at regular intervals ; (3) absolute cleanliness, the stimulating effect of spray baths and strict personal hygiene of hair, teeth, and body functions ; (4) long and regular hours of sleep in dormitories with wide open windows ; (5) school, play and physical exercises in the open air ; (6) careful control of the milk supply ; (7) protection from infection, and isolation of catarrhs, or suspected cases of infectious disease ; (8) cod liver oil may supplement the diet. No surgical treatment is attempted. Cases requiring such would be referred to their own medical attendant, or admission to the Halifax Infirmary applied for."

We are glad to believe that you are convinced that there is need for such a school for the weakly and ill-nourished children in the York Elementary Schools, but we are disappointed that such a school has not yet been founded. During 1911 there were 4,152 children aged from 5 to 14 medically inspected in the York schools and, as was shown, the total deficiency in weight of all these children when compared with a like number of children (age and sex being taken into account) of standard weight was 14,645 lbs.

The significance of these figures is apparent when it is stated that 106 boys and 102 girls of standard weight, whose ages varied between 5 and 14 years would weigh 14,645 lbs., *i.e.*, quite a "good-sized" school.

We believe that a great essential in the selection of a site for an open-air school is that it be as elevated as possible, and sheltered on its northern aspect. Other desiderata are that it be as far removed from the city as possible, and that it be within easy walking distance of the tramway.

Fulford, Acomb and Poppleton Road districts are suitable situations for open-air education. It is also desirable in such a school that there should be a maximum amount of green sward attached, and ample opportunity for nature study, gardening, etc.

77.—HOLGATE BRIDGE TEMPORARY SPECIAL SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

As some doubt was expressed by the Inspector of the Board of Education, whether some of the children attending the school could be regarded as mentally defective under the meaning of the Act, very careful and repeated special examinations of the children have been made during the year, both from the mental and physical point of view.

The children have been examined on four separate occasions during the past year, in addition to short visits to the school, and have been found to become brighter in appearance and manner, and speaking generally, much improved. At the end of the next half-year it is hoped to transfer some senior children back again to the Elementary Schools who have proved to be so backward as at first to seem "mentally defective." The individual attention which they have received at the special school has improved their mental condition.

The difficulty in the transference of these children is that there are no backward classes provided, such as is referred to under the section "Backward Children" in the Report. At present, their transference would mean going into Standard I., for which they are unfit on account of age, but they are not unfit for transference to classes for backward children.

On the other hand, six boys have proved to be hopelessly unteachable, and are no longer suitable to remain in this school within the terms of the Act of Parliament under which the school is worked. As to whether they should be sent to an institution for idiots or imbeciles is a matter for further consideration. We are leaving them *sub-judice* until next examination.

During 1912, 7 boys left this school, as follows :—

2 were admitted to blind school ;
1 was apprenticed to market gardener ;
1 went to farm service ;
1 was sent to an industrial school ;
2 left the city.

Manual occupations of the younger children : Paper-folding, cutting and mounting ; mass drawing ; mat plaiting ; macrame work ; knitting ; netting ; woollen boas ; scarves ; bead-threading ; ball-making ; kindergarten sewing ; raffia ; plasticine modelling ; felt slipper work.

Manual occupations of the older children : Bent iron work , cane basket work ; chair caning ; brush drawing ; boot repairing ; bast weaving and sewing ; tie and belt weaving ; ruler and design drawing ; plasticine modelling ; macrame work ; cardboard modelling ; household employments ; gardening ; knitting and crochet ; chip carving ; pewter relief modelling ; bead-weaving ; rug-making ; light woodwork.

During the year, it was resolved to provide a mid-day meal for a larger number of children at this school, in order to secure their sufficient nourishment (a vitally important point in the education of mentally defective children) and in order to avoid some of the risks of two return tramway journeys per day. An average of 20 children now take their mid-day dinner at the school, and all pay one penny per dinner ; also, 14 children coming from necessitous homes have meals free of cost, on the recommendations of the School Attendance Officers.

If the children of this school are to benefit to the utmost by the special education provided for them, it is absolutely essential that they should be sufficiently nourished. It is doubtful whether all of them are sufficiently nourished, and we believe there is always the risk that mentally defective children in a necessitous home may have to take second place as to being properly fed.

On the occasions of our recent visits to the school we have found the children being supplied with excellent nourishing meals, of which the following are sample menus :—

(1) Meat, potatoes, and rice pudding.
(2) Meat, potatoes, and tea-cake.
(3) Meat and potatoe pie, and bread and treacle.
(4) Meat soup, bread, and rice pudding.

Each teacher takes it in turn, a week at a time, to supervise the dinners, and a charwoman helps the caretaker to wash the crockery and to see that the children wash their hands and faces after dinner. The table is covered with a clean white American cloth, and a few green plants are placed thereon. Some children still bring sandwiches to the school, but we hope to persuade them to take these more nourishing and appetising dinners instead. No child attending the school is known to come without having had breakfast. When we have been present the meals have been very orderly and the children well behaved. Proper table manners are taught as part of the curriculum.

Another important movement in this school during the past year has been the arrangement whereby about 30 of the willing boys receive a warm slipper bath at the school every week, under the supervision of a matronly bath attendant, who is paid for 3 half-days work per week. The boys enjoy the baths and have distinctly improved thereby.

Children are bathed on Monday, Tuesday and Wednesday afternoons ; the average number of children bathed weekly is 34.

Notwithstanding the limitations of the school building some excellent manual instruction is being accomplished. Now that some of the boys are approaching the age of 14, it would appear to be very desirable to direct this manual work for the senior boys into the course of wage-earning trade channels, so that the boys should now be taught not only woodwork, but shoe-making, tailoring and gardening, which are the trades in which these children are being found to prosper most.

This matter will have to be considered at an early date, and an *After-Care Committee* should be appointed to take care of the children after leaving the school, to follow them up in their homes and their employment, and to lend a helping hand to tide weaklings over temptations and difficulties. "Proper feeding, cleanliness, sufficient sleep, attention to physical defects (especially of sight, hearing, etc.), continuous discipline, domestic work, gardening, dancing, and well-organised games are essential points in the routine of special school life." Much of the good work done by day is apt to be undone at night, when the child returns to its home, and is out of the control of its teachers. To obviate this as well as to secure the above points residential schools are greatly to be desired. " The time has arrived when the State should provide permanent care for all children who are excluded from the day special schools, and for those who have been certified as ineligible for admission to such schools. What action the State is likely to take in this matter no man can predict, and, in waiting, education authorities alone, or in combination, would be doing a great and good work in establishing colonies for the unimprovable feeble-minded children. Such colonies can be shewn to be from an economic point of view, in relieving prisons and workhouses, and the increase of the unfit, to be well worth their outlay."

78.—The subject of *Eugenics* is increasingly occupying the minds of thoughtful people. " As a science, it is defined by the Eugenics Education Society to be " the study of agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally.' " (Gerrard : " The Church and Eugenics "). Characteristics of the parents are very often found in the child, and parental defects are frequently apparent in the offspring. For instance, children of sub-normal intelligence are more often the product of the same. Squint and other forms of defective vision are, in many cases, hereditary. " There are three chief *Racial Poisons,* namely, alcohol, lead, and the germs of venereal disease. All three tend to destroy the reproductive powers. All are causes of a terrible amount of infant mortality. And wherever infant mortality is increased by these causes, there is always also a large proportion of children who survive as defectives. " Other racial evils, as distinct from poisons, are inherent and hereditary defects. Chief among them are deaf-mutism, feeble-mindedness, epilepsy, insanity, colour-blindness, hæmophilia and tubercular predisposition. Some eugenists include criminality and vagrancy. The problem of feeble-mindedness is regarded as the most urgent in the field of eugenics." We believe that the good work being carried out now will reflect itself in future generations, and the likelihood of recurrence of defects which are met with in childhood and now arrested, ameliorated, or altogether got rid of by remedial measures, will be considerably less in future.

79.—MENTALLY BACKWARD CHILDREN AND THEIR TREATMENT.

Dr. Crowley, Assistant Medical Officer to the Board of Education, describes backward children as :—" (*a*) Intelligent children who for some physical reason are not up to the ' average ' standard of knowledge, or who have come to school late, or whose mental development is retarded. (*b*) Dull children, who may be again divided into three main classes according as their dullness is due to physical, or mental, causes, primarily, or to a combination of these."

It is a notorious fact that a large percentage of the children attending elementary schools are backward, that no special provision is made for their instruction, and that consequently their adequate education is to some extent being neglected. "This is unjust to the child, to the teacher, and to the other children." These children are labouring under a disability of some sort, be it physical or mental, which blunts their powers of receptivity, dulls their intellect, and incapacitates them for the ordinary elementary school curriculum, or they need more individual attention. Their education in the past has proved a failure because the method adopted did not take into consideration either their physical or their mental state. School hygienists are quite agreed that the time has now arrived when the special provision needed for them ought no longer be delayed. Continental authorities have long since recognised and made provision for this group of children, and at Mannheim in Germany, and at other places, a most systematic method of grading and instruction has been in existence for some years.

The following detailed description of the Mannheim system is taken from Dr. Kerr's Annual Report to the London County Council for 1904 :—" The main novelty in this system lies in the fact that, besides the classes of the ordinary schools and the classes for the mentally defective now formed in all large educational centres, there is a third system of classes—the ' Förderklassen ' system. These are for children who, for various causes, are unable to keep up with the ordinary school work. The reasons which caused the Mannheim authorities to found this class system were :—

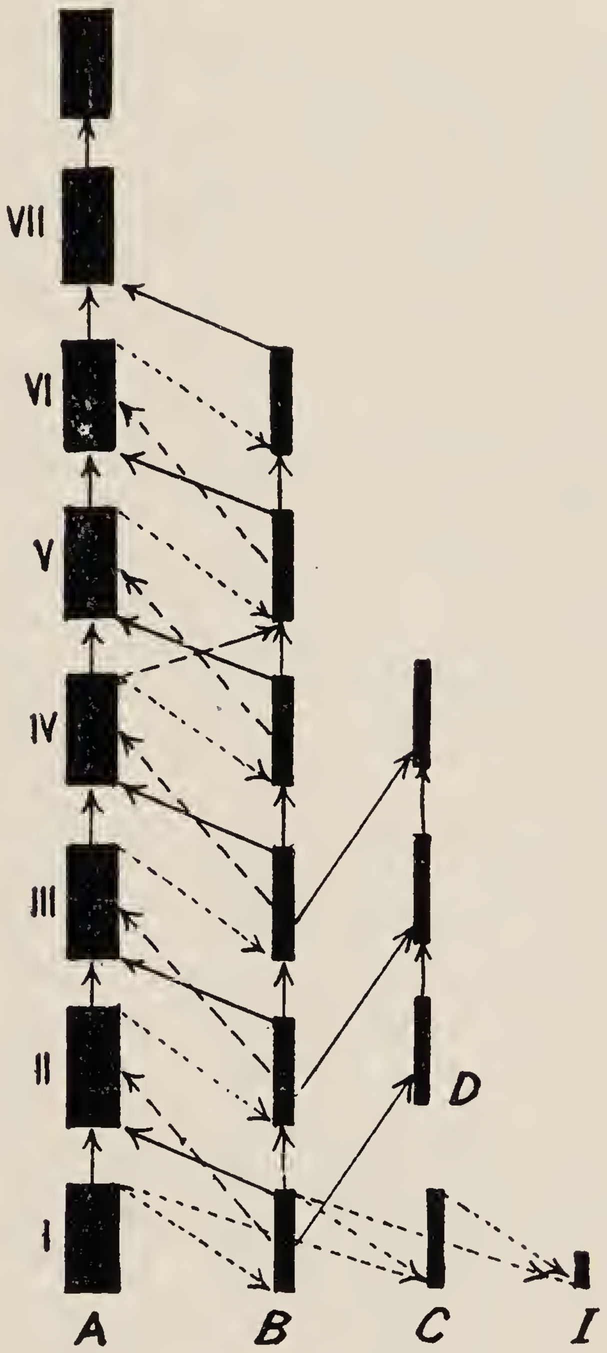
" (1) The capabilities of children of the same age are very various owing to physiological, psychological, pathological, and social reasons. It is impossible that all children in the elementary schools should follow the same course of instruction, and reach the same goal. A considerable number of pupils never reach the highest classes.

" (2) The old system by which backward children were left behind in a class when their class-mates passed up, and had to go over the same ground again with younger companions, is found to have a discouraging and depressing effect. Such children, too, were liable to be neglected by teachers. It was considered that children who, from permanent or temporary causes, are below the average in their capacity for work, need special pedagogic and hygienic treatment in order that they might be developed as far as their powers admit, and may not suffer from school attendance.

" (3) The children of better capabilities benefit by the withdrawal of backward class mates, who act as a drag upon the rest of the class.

" These auxiliary classes, the 'Förderschule' system, are run on similar lines to those of the ordinary school ; they differ rather in the quantity than in the kind of work demanded. Instead of the seven or eight standards of the ordinary German school the curriculum consists of only five or six. The number of children in a class is smaller, thirty-five being the maximum number allowed, hence greater individuality in the teaching is possible. Special facilities are afforded the children for participating in any hygienic adjuncts to the school, as baths, dinners, or holiday homes. These classes are found specially beneficial to the following groups of children—children of slow understanding, but who often are not without intellectual power (nervous, anæmic, and debilitated children), children in a low, physical and nervous condition owing to unsatisfactory home surroundings, and children with defective sight or hearing, not severe enough to necessitate their being placed in schools for the blind or deaf.

" The children are usually differentiated at the end of their first year, the backward ones being passed out into the second or third system of classes, according as they are merely backward or actually mentally deficient. Some of the above would improve in an Open-air School. One result of the formation of the auxiliary school is that only cases of definite mental deficiency are admitted to the centres for instruction of the mentally defective, and once admitted it is rarely considered desirable to pass them out. It will be seen by reference to this diagram that, whereas each year children are passing from B to A there is no such passage from C to B."



Schematic Representation of the Mannheim Special Class System (Modified, E.M.S.).

A.—The Ordinary School Courses. B.—The "Förderklassen" System of backward classes. C.—Special School for Mentally Defective. D.—Open-air School. I.—Imbecile Asylum. The arrows represent the usual educational course of children, continuous lines regular promotions, the interrupted lines those promoted during the school year, and the dotted lines those passed over to the backward classes or special classes for mentally defectives.

In this connection the followings resolutions of the National Association of Head Teachers are of particular interest, and in our experience are called for :—

> "That this Conference strongly protests against the tendency on the part of Education Authorities to shorten the time spent by scholars in the Infants' School, and strongly disapproves of the undue forcing of children of tender years in order to enable them to reach any particular class at a certain age. This Conference also demands that teachers shall have the liberty to carry out the conditions laid down by the code in relation to the treatment and promotion of all young children."

> "That this Conference emphatically protests against the policy of promoting children at irregular times in order 'to fit the room' or for the purpose of reaching the limits fixed by Circular 709, and without regard to their educational progress, as this is against the children's interest, making it impossible for any continuous scheme of study to be followed, and by grouping together large numbers of children at different stages of work presenting an educational task beyond the power of any teacher to perform satisfactorily."

There is no doubt that special, intermediate, or lower grade schools or classes are much needed for dull and backward children, having for their object a knowledge of the three R's as far as Standard IV. * "Education in these schools should be in small classes, thirty pupils being a maximum. Formal class teaching should be abandoned as much as possible, and each child encouraged to independent action. Handwork should be used extensively and concrete things talked about, drawn, and described. No books should be used, writing and printing being entirely confined to blackboards and chalk. Arithmetic and numbers should be dealt with as an oral subject, and exercise, handwork, and drill should form a considerable proportion of the school time table." (* See Dr. Kerr's Report, 1906.)

The advantages of such special provision for the children are briefly summed up by Dr. Hogarth :—"The results of educational efforts are enhanced not only by increased attendance and educational efficiency, but also by a more systematic and scientific grouping of the children, and by adapting school methods to the needs of the children."

As far as the children in the York elementary schools are concerned, the following deductions were made from the Head Teachers' statements on the schedule cards of Medical Inspection during 1912 :—

Age—Periods :	BOYS.				GIRLS.			
	12 to 13.		13 to 14.		12 to 13.		13 to 14.	
Numbers and Percentages.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
In Standard 1 ..	2	0·3	1	0·3	2	0·3	—	—
,, ,, 2 ..	9	1·6	—	—	5	0·9	—	—
,, ,, 3 ..	33	6·0	4	2·7	41	7·3	7	6·7
,, ,, 4 ..	78	14·2	20	13·7	81	14·5	9	8·6
,, ,, 5 ..	156	28·5	27	18·6	206	37·1	21	20·1
,, ,, 6 ..	178	32·5	46	31·7	152	27·3	34	32·6
,, ,, 7 ..	79	14·4	40	27·5	59	10·6	32	30·7
,, ,, 8 ..	12	2·1	7	4·8	9	1·6	1	0·9
Totals ..	547	—	145	—	555	—	104	—

The average age of the children at the time these facts were obtained was about the middle of the age-period in each case. Some of these children in the lower standards would appear to be "mentally defective."

A boy or girl of normal intelligence in the 13th or 14th year of age, free from grave physical defect, not including the ordinary ailments of childhood, should, under ordinary conditions, be in the 6th or 7th standards respectively. If not, the assumption is that their educational progress has been retarded by either mental or physical incapacity. Therefore, taking Standard VI. as the proper standard for children in their 13th year, and VII. as that for children in their 14th year, and avoiding too rigid a line of demarcation, we can deduce the following data from the above tabular statement :—

46 per cent. of the boys and 55 per cent. of the girls appear to be in standards lower than they should be, viz. :—

One standard below normal ; 26 per cent. boys, and 34 per cent. girls.
Two standards ,, ,, ; 14 ,, ,, 13 ,, ,,
Three ,, ,, ,, ; 5 ,, ,, 7 ,, ,,
Four ,, ,, ,, ; 1 ,, ,, 0·7 ,, ,,

Three boys and 2 girls out of 1,351 children medically inspected were five standards below normal.

Mental Condition of the above Scholars.—This is noted on the schedule cards by the Head Teachers in a large number of cases, and otherwise by the Assistant School Medical Officer, and the results were :—

Dull children	82, or 6 per cent. ..	(28 boys and 54 girls).
Backward children,	243, or 17·9 per cent.	(131 boys and 112 girls).

(E.S.G.)

Of course, these figures must be regarded as of relative value only. Mere age and the requirements of a standard cannot be regarded as an *absolute* criterion. Several things may militate against a boy or girl of a certain stated age being found to be placed in the correct standard for his or her educational capacity, *e.g.*,

(*a*) The age may be incorrectly stated ;

(*b*) The teacher's estimate of the child, or of the constitution of the standard, may be too low or too high ;

(*c*) The child may have been moved up according to mere age and not according to his capacity or opportunity, or because his room is required in the lower standard which fits his capacity (*e.g.*, What is a child of 13 or 14, described by the teacher as "backward," doing in Standard VII. ? He ought, surely, not to be there, but in Standard V. or VI., but he had to be moved up because of the exigencies of accommodation.)

(*d*) The largeness of the classes of recent years militates against that attention being given to individual children which is so often desirable.

We had hoped, ere this, to have furthered the formation of special classes for the dull and backward children in our York elementary schools, but the organisation of other schemes has so far prevented that achievement, which we trust, however, will be witnessed by the year 1913.

80.—PROVISION OF MEALS FOR NECESSITOUS CHILDREN.

It has now been arranged that one or other of your School Medical Officers should attend the meetings of the Sub-Committee dealing with this matter, and they will occasionally visit the centres where the meals are provided. The Assistant

School Medical Officer from time to time meets with needy, ill-nourished children for whom these meals should be provided, and children whose condition as to nutrition is in any doubt should be referred to him. In this latter respect, the School Medical Officers can be of service to the Sub-Committee. Recently, a decided improvement has taken place in the character of the meals provided by the contractor. As a rule, children of the poorer classes get insufficient quantities of meat, eggs, oatmeal porridge, hard bread crusts, apples, and other wholesome fruits and vegetables.

This sphere of elementary school work is occupying more and more the attention of School Hygienists, and it is recognised now on all sides that efforts to educate under-fed and ill-fed children, are doomed to failure. Comparatively few children now-a-days are under-fed, but large numbers of children are ill-fed, and it is of the greatest importance to recognise the distinction between under-feeding and ill-feeding. What food is best, how to buy it, how to vary it, and how to cook it, are points which are not well understood by the working class population. Soundness of constitution in parents is the first influence for health in the child, and in order to continue this transferred condition in the child, it is necessary that his body should be supplied with foods of certain and definite nutritive values, viz., nitrogenous foods, fatty foods, foods containing starch, sugar, and certain salts. All foods contain one or more of these elementary principles. To maintain health it is necessary that all these foods be supplied daily to the system in certain definite quantities. Milk is a perfect food, for it contains proportions of all the necessary principles, but although it contains all that an infant requires, yet it is insufficiently supplied with carbohydrate (starch or sugar) for the requirements of older children.

No charge is made for meals given to necessitous children coming from poor homes.

We are of opinion that advantage should be taken during the meals to teach children how to behave at table, how to eat decently, to use the knife, fork, spoon, etc., properly. Lessons can also be given in the preparation of the dinner table, *attention might be given to simple table decorations, and cleanliness of hands and faces should be enforced and provided for.*

Meals are provided at the following centres, and the average number of children in daily attendance at each centre is given :—

	Breakfasts.	Dinners.
Skeldergate Mission Hall	30	40
White Cross Lodge	20	—
St. Margaret's Parish Room	35	—
The Adult School, Leeman Road	35	—
The Junior School, Layerthorpe	5	—
Central Mission, Swinegate	50	50
St. Wilfrid's School	—	20
St. George's School	—	54
Holgate Bridge School	—	16
	175	180

Total number in attendance 355

In addition to the children who were fed at the centres, 94 infants received bread and milk at the schools.

81.—PHYSICAL EXERCISES.

It has been arranged for one or other of your School Medical Officers to attend the meetings of the Sub-Committee concerned with the development of physical exercises in the schools. Arrangements are being made for giving further demonstrations of these exercises to the teachers. It has also been arranged that your Assistant School Medical Officer should forward to the Head Teacher the names of any children found by him when visiting the schools who are unfit to undertake the physical exercises. and the Head Teachers are also asked to consult Dr. Galbraith about any children for whom certain physical exercises might be unwise or dangerous. Information of this kind has been passing between the Head Teachers and Dr. Galbraith, but it will now be systematised.

The two great needs of the body for the purposes of health, both physical and mental, are an adequate supply of nutritious and wholesome food, and a suitable amount of physical exercise. The body may be compared to an elaborate and complicated machine, every part of which must be in good working order in order to ensure the well-being of the whole. Energy, or the capacity for work, is stored up in the muscle cells, and unless there is a frequent renewal of this energy the cells degenerate and lose their storage capacity. Every muscle in the body partakes of this capacity of storage more or less according to its size. Muscular action entails use of stored energy and production of waste material, and therefore it is essential to the well-being of the system that energy be renewed by nutritious and wholesome diet, and that waste materials be eliminated as speedily as possible through the channels of excretion. The lungs play a prominent part in the excretion of the waste products. Increased chest girth means increase of lung space and lung capacity. The action of the heart is increased, respiration is increased, more air, *i.e.*, oxygen, comes in contact with the blood ; the waste products in the blood combine with the oxygen and are expelled by means of expiration.

Therefore, increase of chest girth and muscular action must be the aim of physical exercise, and these in a child of normal physical and mental capabilities mean a sound mind in a sound body.

" To sum up, there are certain elementary necessities which are required for a healthy life. The child must be fed, sufficiently and suitably ; it must be properly clothed, warmed and housed ; it must have enough sleep, rest and fresh air, and the needful attention to personal hygiene and cleanliness. These in themselves, together with the natural walking, running, and jumping done by any ordinary child, will often suffice to produce a healthy and a well-developed body and brain, since even apparently simple actions, such as standing or walking, require the combination and co-ordination of many muscle groups. It is, however, always desirable, and in many cases necessary, to give further aid to the physical development. This may be done in two distinct ways : (1) by formal, set physical exercises, such as are given in the Tables of this Syllabus ; and (2) by physical exercises having a more recreative or æsthetic character, for example, games and sports of various kinds and many varieties of dances. Both these two classes of exercise are needed, each supplementing the effect of the other." (*Vide* " The Syllabus of Physical Exercises for Public Elementary Schools, 1909.")

82.—One of the great developments of the Education Committee's work during the year has been the organization of the *JUVENILE EMPLOYMENT BUREAU*. Of that work the Secretary will doubtless speak fully in his Annual Report. Arrangements have been made to carry out the requests of the Board of Education's Circular No. 813, whereby the Bureau will be able to benefit by the records of Medical Inspection, made during their school life, of children about to enter into the world of employment. It appears to us that it would only be necessary to give a copy of the schedule when such children are not normal, as, if a copy of the schedule were to be given to every parent or guardian, the clerical work of this Department would soon be greatly increased.

We very much hope that the After-Care Committees being formed in connection with this work will revive, and incorporate and multiply the Care-Committees which have been doing good work in connection with the Medical Inspection of School Children, and some of which have recently declined, to our regret. One Committee at each school should suffice to deal with both classes of " Care " work.

We were much concerned by the Report given by the Juvenile Employment Officer as to the number of children in attendance at school last August, who were employed out of school hours :—

381 boys between the age of 8 and 14 years (being 8·9 per cent. of total boys of that age on school-rolls) being employed as errand-boys, in the milk-trade, and in barbers' shops ; 106 girls of 8 years and over (being 2·5 per cent. of total girls of that age on school-rolls), mostly engaged in domestic work (taking care of children, etc.) The above facts do not include children who work for their own parents ; 25 of these children work more than 30 hours per week, and several as much as 14 hours on a Saturday ; 57 children work after 9-0 p.m. for one or two days per week, and 10 children worked 6 days per week after 9-0 p.m. This is a most serious and disgraceful state of things from the hygienic point of view, and ought to be stopped by every possible effort. Think of the want of sleep and the exhaustion which must render many of these children physically unfit, to say nothing of being mentally unfit to benefit by the free education being given them.

83.—*FUTURE PROGRAMME.*

In concluding this Report, we must express our pleasure that so much has been accomplished during the year, especially in the development of the School Clinic. We hope to see, before long, the extension of both the Ophthalmic and Dental Clinics, the latter of which is as yet only dealing with the fringe of a vast work.

During the coming year, especially, we hope to see :—

The establishment of an Open-Air School, even on temporary lines ;

The commencement of a scheme for the erection of a permanent school for mentally defective boys and girls ;

The formation, in some of the schools, of special classes for backward children, myopic children, and stammerers ;

Also, arrangements for continuing the education of consumptive children who are under treatment at the Open-Air Ward at Yearsley Bridge or at the County Hospital ; and

As time goes on, we hope to see the extension of Open-Air Classes, and playground teaching *in all our schools*, and, as new schools are built and the older ones improved, we hope to see structural Open-Air Class arrangements made on similar lines to the school at New Earswick.

84.—It only remains for us to express our gratitude to the Chairman, Vice-Chairman, and Members of the Education Committee, to the Chairmen of the Sub-Committees with whom we have had to work, to the School Managers, the Secretary and Assistant Secretary of the Education Committee, and to the Head and Assistant Teachers, for their courtesy and support, and to the School Attendance Officers, the School Nurses, our Lady Clerks, and other members of the Education Staff for their loyal co-operation in our work.

We are, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

EDMUND M. SMITH,
School Medical Officer and
Medical Officer of Health.

E. SCOTT GALBRAITH,
Assistant School Medical
Officer.

NOTE.—I desire to express my appreciation of Dr. Galbraith's devoted management of the routine and immense detail of the work, a great deal of which is far more difficult and irksome than is probably known or understood.

The above report, as relating to medical inspection, has been largely compiled by him, with revisions and additions by me. The report on School Buildings is almost entirely my work. E.M.S.

85.—LIST OF LEAFLETS ON GENERAL HYGIENE, ETC.—Compiled by the York School Medical Officers and issued by the York Education Committee.

Reproduced in Appendix to our Annual Report for 1910.

No. 1—" Personal Cleanliness and Habits."
,, 2—" Clothing and Footgear."
,, 3—" Food and Sleep."
,, 4—" Care of the Eyesight.'
,, 5—" Hearing and the care of the Ears."
,, 6—" Defective Teeth."
,, 7—" Facts about Adenoids and Enlarged Tonsils and Mouth-breathers."
,, 8—" Facts about Ringworm."
,, 9—" Instructions for Cleansing Verminous Children."
,, 10—" Warning as to the neglect of Children's Health." (Summary of Section 12 of Children Act).

Circular letter to Head Teachers *re* " Adenoids, Mouth-breathers and Breathing Exercises."

86.—NEW OR REVISED FORMS AND CIRCULARS ISSUED DURING 1912. (See Appendix B.)

Schedule of Medical Inspection.

Revised Form G.—Notification to Parents of Defects discovered in Children.

Circular to Head-teachers *re* Use of Spectacles.

CITY OF YORK EDUCATION COMMITTEE.

Medical Inspection of Children in the York Public Elementary Schools, 1912.

APPENDIX "A"

(STATISTICAL TABLES).

TABLE 1.

Showing the **Total Number of Children Medically Inspected** at the various age periods at each of the Schools during the year 1912, together with the Number and Percentage of Parents and Guardians present during the Inspection.

SCHOOL GROUPS.	Total Children Inspected.	AGE PERIODS AND SEX (B = boys. G = girls). 3–4		4–5		5–6		6–7		12–13		13–14		Inspected at Clinic.		Number of Parents present.	
		B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	No.	Percentage.
MICKLEGATE GROUP :—																	
Micklegate	99	2	2	4	6	11	16	5	10	17	19	5	2	6	15	18	18·1
Scarcroft Road	330	4	1	33	35	62	59	13	15	50	42	9	7	—	—	144	43·6
English Martyrs' (R.C.) ..	77	2	2	8	7	11	4	7	2	9	22	1	2	2	4	13	16·8
Poppleton Road	166	—	—	—	—	34	35	7	13	41	26	5	5	5	1	60	36·7
St. Paul's Holgate	101	—	—	—	—	15	8	15	7	22	18	10	6	—	—	24	23·7
St. Clement's	258	1	—	31	17	30	38	12	9	54	53	9	4	—	—	59	22·8
Priory Street	107	—	—	—	—	13	17	4	10	14	26	10	13	—	—	30	28·0
St. Paul's Foundry	90	—	—	—	—	20	17	8	4	16	22	2	1	—	—	28	31·1
South Bank (Temporary) ..	52	—	—	—	—	26	12	7	7	—	—	—	—	—	—	29	55·7
BOOTHAM GROUP :—																	
Haxby Road	189	—	—	—	—	31	24	19	16	30	36	22	11	—	—	60	31·7
Park Grove	225	—	—	—	—	53	45	23	17	38	38	4	7	4	4	84	37·3
Model	24	—	—	—	—	—	—	—	—	21	—	3	—	—	—	3	12·5
St. Thomas'	89	—	—	—	—	22	30	4	8	—	23	—	2	—	—	26	29·2
St. Wilfrid's (R.C.)	84	—	—	—	—	22	18	8	10	8	12	2	4	—	—	4	4·7
Bedern	160	5	5	19	10	28	19	8	6	27	20	6	7	5	4	41	25·6
Clifton	19	—	—	—	—	—	9	—	2	—	6	—	2	—	—	5	26·2
Manor	38	—	—	—	—	—	—	6	—	15	—	17	—	3	—	5	13·1
Shipton Street	152	—	—	—	—	47	58	6	11	—	27	—	3	—	—	59	38·8
Brook Street (Temporary) ..	26	—	—	—	—	—	—	—	—	23	—	3	—	—	—	1	3·4
WALMGATE GROUP :—																	
Fishergate	288	3	5	34	28	43	36	7	7	51	54	4	16	5	1	71	24·6
St. Lawrence's	178	—	—	—	—	37	31	16	12	33	32	14	3	—	—	50	28·0
St. George's (R.C.)	80	—	—	—	—	14	5	8	4	23	21	5	—	—	—	7	8·7
St. Denys'	74	—	—	—	—	22	8	5	7	15	14	1	2	—	—	11	14·8
Bilton Street	108	—	—	3	1	19	9	19	16	21	17	2	1	3	2	40	37·0
Heworth	29	—	—	—	—	12	6	2	1	2	5	1	—	—	—	4	13·7
St. Margaret's	125	2	2	7	14	16	9	16	16	13	16	8	6	5	3	38	30·4
Inspected at Clinic	72	1	3	3	6	13	7	15	12	4	6	2	—	—	—	63	87·5
		20	20	142	124	601	520	240	222	547	555	145	104	38	34	977	29·2
TOTALS	3,240	306				1,583				1,351				72			
		1,889															

TABLE 2.

A. The following are the numbers and percentages of school children inspected who were said to have had the undermentioned diseases sometime prior to Medical Inspection, 1912.

Diseases	Measles.	Whooping Cough.	Scarlet Fever.	Diphtheria.	Chickenpox.	Mumps.	Various.	No particulars available.	Total Children Medically Inspected.
Total Numbers	2410	1149	233	86	690	458	567	226	3240
Percentage of Children Medically Inspected in 1912	79·9	38·1	7·7	2·8	22·8	15·1	18·8	6·9	
Percentages for 1911	71·8	40·7	8·0	3·0	25·4	16·2	14·2	4·8	4152
Percentages for 1910	74·3	34·3	6·3	3·7	24·0	7·6	16·5	5·1	2206

B. 1912.—The following tabular statement shews the percentages of the above children who suffered from the various diseases named during the age-periods as under :—

	AGE-PERIODS. Years.	Measles.	Whooping Cough.	Scarlet Fever.	Diphtheria.	Chickenpox	Mumps.
	0— 1	5·9	7·7	0·9	4·4	6·2	1·7
	1— 3	22·6	31·1	11·8	19·1	22·0	6·6
Infant	3— 5	37·6	44·1	25·7	19·1	38·9	31·2
School age	5— 8	29·4	14·4	36·1	35·2	26·8	38·7
	8—12	3·8	2·4	19·3	17·6	5·5	19·9
	12—14	0·3	—	3·9	4·4	0·3	1·7

The above figures were supplied by the parents. They must not be regarded as strictly accurate, for in many cases there has been an amount of hesitation in stating the age at which the illness occurred. In future years it is hoped that this defect may disappear, and then the importance of the table will become more marked.

TABLE 3.

Attention and Progress of 692 Boys and 659 Girls between 12 and 14 years of age, as certified on the schedule cards by the Head Teachers.

	BOYS.		GIRLS.	
	Good.	Bad.	Good.	Bad.
Totals	600	92	553	106
Percentages for 1912	86·9	13·1	84·0	16·0
Percentages for 1911	93·0	7·0	92·0	8·0
Percentages for 1910	90·9	8·7	94·4	5·6
Percentages for 1909	89·0	11·0	89·9	10·1

TABLE 4.

VARIOUS GENERAL CONDITIONS AMONGST THE CHILDREN MEDICALLY INSPECTED.

SCHOOL GROUPS.	Total Children Medically Inspected.	CLOTHING :		FOOTGEAR :		CONDITION OF THE SCALP. Number and percentage of cases of :—								Mal-nutrition.		General Bodily Uncleanliness as stated by the School Teachers.	
		Bad, *i.e.*, Ragged, insufficient or very dirty.		Defective,		Vermin.				Impetigo (Dirty or Scabby Head).		Ringworm.					
						Nits.		Lice.									
		Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.
Micklegate Group—																	
Figures for 1912	1,280	84	6·5	107	8·3	115	8·9	21	1·6	6	0·4	5	0·3	120	9·3	79	6·1
Figures for 1911 ..	1,602	13	0·8	78	4·8	181	11·2	8	0·4	6	0·3	12	0·7	95	5·9	42	2·5
Figures for 1910 ..	838	7	0·8	22	2·6	135	16·0	17	2·0	6	0·7	11	1·3	64	7·6	29	3·4
Bootham Group—																	
Figures for 1912	1,006	48	4·7	88	8·7	104	10·3	13	1·2	8	0·7	9	0·8	112	11·1	40	3·9
Figures for 1911 ..	1,339	18	1·4	35	2·6	201	15·0	7	0·5	4	0·2	7	0·5	81	6·0	15	1·1
Figures for 1910 ..	633	2	0·3	11	1·7	90	14·2	6	0·9	2	0·3	2	0·3	23	3·6	5	0·7
Walmgate Group—																	
Figures for 1912	882	92	10·4	124	14·0	105	11·9	15	1·7	4	0·4	5	0·5	82	9·3	55	6·2
Figures for 1911 ..	1,211	28	2·3	76	6·2	129	10·6	25	2·0	7	0·5	5	0·4	57	4·7	55	4·4
Figures for 1910 ..	735	20	2·7	29	3·9	112	15·2	31	4·2	4	0·5	5	0·6	42	5·7	28	3·8
Examined at Clinic 1912 ..	72	1	—	6	—	5	—	2	—	2	—	1	—	6	—	9	—
Totals for 1912	3,240	225	6·9	325	10·0	329*	10·1	51	1·5	20†	0·6	20‡	0·6	320	9·8	183	5·6
Totals for 1911 ..	4,152	59	1·4	189	4·5	511	12·5	40	0·9	17	0·4	24	0·5	233	5·6	112	2·6
Totals for 1910 ..	2,206	29	1·3	62	2·8	337	15·2	54	2·4	12	0·5	18	0·8	129	5·8	62	2·8

N.B.—The higher percentages of 1912 are probably to be accounted for, to a considerable extent, by the higher standards of estimation more or less unconsciously adopted by the observers.

* 157, or 47 per cent. of these were receiving the necessary attention, or were otherwise non-potential.

† 11, or 55 per cent. of these were receiving the necessary attention.

‡ 6, or 30 ,, ,, ,, ,, ,,

For composition of School Groups, see Table 1.

TABLE 5.

The following table gives the number of **Girls** (including Infant Girls) who have been medically inspected, and the number and percentage of these **affected with "Nits"** (viz., potential vermin, which are more commonly found among girls on account of their long hair):—

For comparison, the figures for previous years are inserted.

School Groups.	GIRLS.					
	Upper Department.			Infants' Department.		
	Number inspected.	"Nits" (vermin).	Percentage.	Number inspected.	"Nits" (vermin).	Percentage.
Micklegate Group :—						
1912 ..	268	80	29·8	353	59	16·7
Figures for 1911 ..	452	123	27·2	295	58	19·6
Figures for 1910 ..	121	41	33·8	307	109	35·5
Figures for 1909 ..	392	173	44·1	276	105	38·0
Figures for 1908 ..	368	227	61·6	67	29	43·2
Bootham Group :—						
1912 ..	198	45	22·7	288	65	22·5
Figures for 1911 ..	327	124	37·9	326	83	25·2
Figures for 1910 ..	140	41	29·2	177	51	28·8
Figures for 1909 ..	177	88	49·7	187	51	27·2
Figures for 1908 ..	251	172	68·5	45	28	62·2
Walmgate Group :—						
1912 ..	187	62	33·1	217	49	22·5
Figures for 1911 ..	305	66	21·6	323	88	27·4
Figures for 1910 ..	128	33	25·7	264	99	37·5
Figures for 1909 ..	199	130	65·3	218	108	49·5
Figures for 1908 ..	162	128	79·0	49	27	55·5
Examined at Clinic, 1912 ..	6	3	—	28	5	—
Totals for 1912 ..	659	190*	28·8	886	178†	20·0
Totals for 1911 ..	1,084	313	28·8	944	229	23·0
Totals for 1910 ..	389	115	29·5	748	259	34·6
Totals for 1909 ..	768	391	50·9	681	264	38·7
Totals for 1908 ..	781	527	67·4	161	84	52·1

* 104 or 54·7 per cent. of which were receiving the necessary attention or were otherwise non-potential.

† 71 or 39·8 per cent. of which were receiving the necessary attention or were otherwise non-potential.

For composition of School Groups, see Table 1.

TABLE 6.—1912.—Investigation throughout the York Elementary Schools with a view to the detection of Ringworm and Verminous Conditions amongst the scholars.

TOTALS AND PERCENTAGES:	BOYS (Upper).			BOYS (Infants).			GIRLS (Upper).			GIRLS (Infants).		
	Total examined.	Ring-worm.	Verminous conditions.	Total examined.	Ring-worm.	Verminous conditions.	Total examined.	Ring-worm.	Verminous conditions.	Total examined.	Ring-worm.	Verminous conditions.
Totals 1912 ...	3,494	3	63	1,812	1	35	4,462	5	405	1,758	2	96
Percentages ...	—	0·08	1·8	—	0·05	1·9	—	0·1	9·0	—	0·1	5·4
Totals for 1911 ...	3,438	5	45	1,534	9	30	3,528	2	631	1,565	2	269
Percentages ...	—	0·1	1·3	—	0·5	1·9	—	0·05	17·8	—	0·1	17·1
Totals for 1910 ...	4,190	5	115	1,427	13	34	4,285	5	1,264	1,689	12	373
Percentages ...	—	0·1	2·7	—	0·9	2·3	—	0.1	29·4	—	0·7	22·0
Totals for 1909 ...	3,659	111	288	1,672	89	188	3,726	83	1,937	1,596	47	894
Percentages ...	—	3·0	7·8	—	5·3	11·2	—	2·2	52·0	—	3·0	56·0

	1912.		1911.		1910.		1909.	
	Total cases.	Percentage.	Total cases.	Percentage.	Total cases.	Percentage.	Total cases.	Percentage.
Ringworm	11	0·09	18	0·1	35	0·3	330	3·0
Verminous conditions	599	5·1	975	9·6	1,786	15·4	3,307	31·0
Total No. of children examined	11,526		10,065		11,591		10,653	

TABLE 7.

Average Heights and Weights (English and Metric) of 3240 children attending the York City Elementary Schools, compared with the averages for Great Britain published by the Anthropometric Committee of the British Association, 1883.

Children.	Age-period.	Number Inspected.	Average Age.	Averages, English System.				Averages, Metric System.			
				Heights.		Weights.		Heights.		Weights.	
				YORK.	Great Britain.	YORK.	Great Britain.	YORK.	Great Britain.	YORK.	Great Britain
				Inches.	Inches.	Lbs.	Lbs.	* M.m.	M.m.	† Kgm.	Kgm.
Boys ..	3–4	20	$3\frac{8}{12}$	36·0	35·0	33·2	34·0	914	889	15·0	15·4
	4–5	142	$4\frac{7}{12}$	38·4	37·0	33·4	37·0	974	940	15·1	16·7
	5–6	601	$5\frac{6}{12}$	40·5	40·0	38·7	40·0	1028	1016	17·5	18·1
	6–7	240	$6\frac{5}{12}$	42·2	43·0	42·0	44·5	1071	1092	19·0	20·1
	12–13	547	$12\frac{5}{12}$	56·5	55·0	71·0	76·7	1435	1397	32·1	34·8
	13–14	145	$13\frac{4}{12}$	55·7	57·0	76·8	82·5	1414	1448	34·8	37·4
Girls ..	3–4	20	$3\frac{7}{12}$	35·3	34·0	31·4	31·5	896	864	14·2	14·2
	4–5	124	$4\frac{8}{12}$	38·1	36·0	31·4	36·0	967	914	15·6	16·3
	5–6	520	$5\frac{6}{12}$	40·5	39·0	37·5	39·0	1028	990	17·0	17·6
	6–7	222	$6\frac{5}{12}$	42·3	42·0	40·8	41·7	1074	1066	18·5	18·9
	12–13	555	$12\frac{5}{12}$	51·6	55·5	71·4	76·5	1303	1410	32·3	34·7
	13–14	104	$13\frac{5}{12}$	56·7	57·7	80·3	87·0	1440	1467	36·4	39·4

* M.m. = (Millimetres).
1 M.m. = $\frac{1}{25}$ of an inch.

† Kgms. = (Kilogram or "Kilo").
1 Kgm = 2lbs. 3·2 ounces avoirdupois.

TABLE 8.

Condition of the Teeth amongst 1351 children (692 boys and 659 girls), between 12 and 14 years of age.

TOTALS AND PERCENTAGES.	Apparently sound or perfect sets.		BOYS. Defective Teeth. Number of:—							GIRLS. Defective Teeth. Number of:—							Mouth and Teeth.				Teeth.	
																	Clean.		Dirty.		Rickety.	
	Boys	Girls	1	2	3	4	5	6–9	10 & over	1	2	3	4	5	6–9	10 & over	Boys	Girls	Boys	Girls	Boys	Girls
Totals for 1912 . . . . Boys 692 ; Girls 659	103	107	128	124	129	82	44	50	2	103	160	108	84	38	36	1	284	343	408	316	30	22
Percentages	14·8	16·2	18·4	17·9	18·6	11·8	6·3	7·2	0·2	15·6	24·2	16·3	12·7	5·7	5·4	0·1	38·2	52·1	61·8	47·9	4·6	3·3
*Totals for 1911 . . . . Boys 1141 ; Girls 1084	124	108	172	223	208	147	96	88	5	136	270	183	149	81	96	7	490	627	606	421	45	37
Percentages	10·8	9·9	15·0	19·5	18·2	12·8	8·4	7·7	0·4	12·5	24·9	16·8	13·7	7·4	8·8	0·6	42·9	57·8	53·1	38·8	3·9	3·4
Totals for 1910 . . . . Boys 400 ; Girls 389	37	46	55	81	90	63	23	31	2	59	76	80	64	26	22	3	130	197	252	179	18	13
Percentages	9·2	11·8	13·7	20·2	22·5	15·7	5·7	7·7	0·5	15·1	19·7	20·5	16·4	6·6	5·6	0·7	32·5	50·6	67·5	49·3	4·5	3·3

* In addition to the above figures for 1911, 33 boys and 17 girls had sound sets, but imperfect in number of teeth.

TABLE 9.

Result of Vision Testing by means of Snellen's types in the ordinary course of Medical Inspection during 1912 :—1350 children aged 12–14 examined.

		BOYS (692 examined). LEFT EYE.								GIRLS (658 examined). LEFT EYE.							
	Acuity of Vision.	6/60	6/36	6/24	6/18	6/12	6/9	6/6	Total.	6/60	6/36	6/24	6/18	6/12	6/9	6/6	Total.
RIGHT EYE.	6/6	4	4	2	6	—	45	388	449	3	3	4	3	1	51	265	330
	6/9	4	4	2	4	2	100	37	153	1	7	1	5	4	188	24	230
	6/12	1	—	1	1	3	9	2	17	1	2	2	2	6	6	—	19
	6/18	1	6	4	2	—	6	3	22	3	2	6	10	5	2	2	30
	6/24	2	5	1	—	2	2	2	14	1	6	4	2	2	2	—	17
	6/36	4	5	3	4	1	2	4	23	—	7	4	1	2	—	2	16
	6/60	7	2	—	2	—	1	2	14	4	1	2	—	3	4	2	16
		23	26	13	19	8	165	438	692	13	28	23	23	23	253	295	658

The following is a statement of the number and percentage of the above children who had "good," "moderate," and "bad" vision respectively in both eyes :—

		Boys.	Girls.
"Good" Vision	($\frac{6}{6}$ or $\frac{6}{9}$ in both eyes)	.. 570, or 82·3 per cent.	528, or 80·2 per cent.
"Moderate" Vision	($\frac{6}{12}$,, ,,)	.. 3, ,, 0·4 ,,	6, ,, 0·9 ,,
"Bad" Vision	($\frac{6}{18}$ or worse ,, ,,)	.. 48, ,, 6·9 ,,	53, ,, 8·0 ,,

Number of children who have "good" vision in one eye, and "moderate" or "bad" vision in the other eye ; also those who have "moderate" vision in one eye, and "bad" in the other :—

	Boys.	Girls.
One eye "good" and the other "moderate"	.. 13, or 1·8 per cent.	11, or 1·6 per cent.
One eye "good" and the other "bad"	.. 52, ,, 7·5 ,,	41, ,, 6·2 ,,
One eye "moderate" and the other "bad"	.. 6, ,, 0·8 ,,	19, ,, 2·8 ,,
Totals	.. 692	658

TABLE 10.

The following **other diseases and conditions** were found to exist among the 3,240 children medically inspected during 1912. The left-hand figures indicate the corresponding numbers on the schedule cards.

No.		Total Children affected.		Per-cent-ages.
No. 8.	Dirty Heads	313		9·6
	Dirty Bodies	104		3·2
No. 10.	Nose and Throat :			
	Adenoid (High) Palates	175		5·4
	Enlarged Tonsils	630		19·4
	Very Enlarged Tonsils	255		7·8
	Adenoids	30		0·9
	Nasal Polypus	1		
	Nasal Discharge	7		
	Enlarged Neck Glands	60		1·8
No. 11.	External Eye Diseases :			
	Squint	51		1·5
	Ophthalmia	12		
	Blepharitis (inflamed eyelids)	36		1·1
	Phlyctenular Keratitis	2		
	Opacities (corneal)	6		0·1
	Cataract (lenticular)	2		
	Various	11		
No. 13.	Ear Diseases :			
	Otorrhœa (discharging ears)	28		0·8
	Cerumen (wax)	29		
No. 14.	Hearing :			
	Defective Hearing	31		0·9
No. 15.	Speech :			
	Lisping	27	56	1·7
	Stammering	10		
	Defective Articulation	19		
No. 16.	Mental Condition :			
	Mentally Defective	7		0·5
	Dull	82		6·0
	Backward	243		17·9
No. 17.	Heart and Circulation :			
	Mitral Disease	10		0·3
	Tachycardia	1		0·06
	Brachycardia	1		
	Anæmia	9		
	Hæmophilia	1		
No. 18.	Lungs :			
	Bronchitis (sub-acute)	8		0·9
	Bronchial Catarrh	24		
No. 19.	Nervous System :			
	Neurotic	5	18	0·5
	Epileptic	2		
	Chorea (St. Vitus' Dance	3		
	Nystagmus	1		
	Infantile Paralysis	2		
	Paresis	4		
	Somnambulism	1		

No.		Total Children affected.		Per-cent ages
No. 20.	Tuberculosis. (See also section of Report on Tuberculosis)			
	Phthisis	2		0·1
	Hip Disease	1		
	Tabes Mesenterica	3		
No. 21.	Rickets :			
	Bowlegged	14	42	1·5
	Knock-kneed	6		
	Bowed (shins)	2		
	Flat Chest	2		
	Hollow Chest	2		
	Pigeon Chest	16		
No. 22.	Other Deformities :			
	Lordosis (Spine)	1		
	Talipes	1		
	Various	7		
No. 23.	Infectious and Contagious Diseases :			
	Scarlet Fever ?	1	33	0 9
	Whooping Cough	2		
	Scabies (itch)	1		
	Measles	2		
	Chicken-pox	7		
	Impetigo	10		
	Eczema, contagious	10		
No. 24.	Other Diseases and Defects :			
	Skin Affections :—			
	Psoriasis	4	35	1·0
	Keratosis (fish skin)	13		
	Lichen	7		
	Alopecia	4		
	X-ray Dermatitis	1		
	Naevi " Birth " Marks	6		
	Scars :—			
	Burn Scars	5		
	Scald Scars	4		
	Accident Scars	28		
	Abscess Scars	26		
	Mastoid Scars	2		
	Neck Gland Scars	7		
	Operation Scars	8		
	Thyroiditis (Goitre ?)	11		
	Hernia	5		
	Torticollis (wry-neck)	1		
	Alveolar Abscess	7		
	Asymmetry of Chest	2		
	,, ,, Face	1		
	Heteropia (marked difference in the colour of both eyes)	6		
	Hyper Chromatia (marked freckles)	105		
	Periostitis (inflamation of bone)	1		
	Various	60		
	Total	2,647		

Table 11.—Cases of Disease notified to the Office by Head Teachers under "The Regulations regarding Contagious Diseases" (per Forms A and C) during the year 1912, and during 1911 and 1910

Disease or Condition.	Absentees notified by Head Teachers.						Suspects sent Home from School by Head Teachers.						Totals.		
	Upper Dept.			Infants' Dept.			Upper Dept.			Infants' Dept.					
	1912	1911	1910	1912	1911	1910	1912	1911	1910	1912	1911	1910	1912	1911	1910
Scarlet Fever	24	33	11	16	22	10	14	6	1	4	—	—	58	61	22
Diphtheria	11	7	12	8	3	5	1	—	—	1	—	—	21	10	17
Sore Throat	89	109	91	47	49	15	16	10	6	28	27	7	180	195	119
Mumps	46	209	15	39	322	45	10	74	4	10	155	6	105	760	70
Measles	125	64	136	950	188	567	41	12	17	42	3	17	1,158	267	737
Whooping Cough	7	32	35	53	211	231	—	6	2	9	28	41	69	277	309
Typhoid Fever	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Chickenpox	33	31	44	274	97	180	19	8	10	21	31	10	347	167	244
Influenza or Cold	38	56	19	101	158	80	6	3	—	3	6	4	148	223	103
Pneumonia	—	1	1	3	2	1	—	—	—	—	—	—	3	3	2
Ophthalmia or Sore Eyes ..	64	205	21	41	143	19	40	144	6	29	120	15	174	612	61
Blepharitis (sore eye-lids) ..	3	3	1	—	—	2	2	1	1	3	—	—	8	4	4
Ringworm	49	50	71	60	41	60	20	23	29	15	15	17	144	129	177
"Sore head" .. .. "Dirty head" .. .. Impetigo .. .. .. Eczema	47	30	69	33	39	49	30	28	31	15	26	25	125	123	174
Head Lice	9	3	16	1	3	—	17	11	12	—	8	—	27	25	28
Body Lice	—	—	3	2	1	1	10	10	12	—	1	—	12	12	16
Scabies (Itch)	6	5	9	—	1	1	1	4	3	1	1	2	8	11	15
Enlarged Glands	9	3	4	6	9	8	8	2	—	1	2	1	24	16	13
Scabs	1	6	16	8	2	—	1	2	1	3	5	1	13	15	18
Phthisis	2	1	—	—	2	—	1	—	—	—	—	—	3	3	—
Various	147	173	167	179	139	103	45	45	38	25	44	17	396	401	325
Not stated	132	120	108	91	110	128	4	2	2	1	4	—	228	236	238
Totals	842	1,142	849	1,912	1,542	1,505	286	391	175	211	476	163	3,251	3,551	2,692

15 cases of Scarlet Fever, 13 Sore Throat, 53 Mumps, 86 Measles, 24 Whooping Cough, 24 Chickenpox, 22 Influenza or Cold, 8 Ophthalmia, 1 Blepharitis, 11 Ringworm, 2 Dirty Head, 2 Scabies, 3 Enlarged Glands, 1 Scabs, and 2 Phthisis turned out to be some disease or condition different from that suspected or notified by the Head Teachers, but most were worthy of investigation.

TABLE 12a.

School Groups chiefly affected by cases of Infectious Disease amongst the Scholars.

First six months—JANUARY to JUNE (inclusive), 1912.

School Groups.	Total cases notified to Medical Officer of Health by Medical Practitioners.				Total cases notified to the Assistant School Medical Officer by Head Teachers under Regulations *re* Contagious Diseases (per Forms A and C).							
	Scarlet Fever.		Diphtheria.		Measles.		Whooping Cough.		Chickenpox.		Impetigo. (“ Dirty or Scabby Head.”)	
	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants
Micklegate Group :	26	16	3	2	64	403	1	3	2	3	19	6
Bootham Group :	15	9	4	4	25	308	2	1	5	56	14	10
Walmgate Group :	24	15	3	3	70	239	—	6	23	24	18	9
Totals for 1912 ..	65	40	10	9	159	950	3	10	30	83	51	25
Totals for 1911 ..	35	22	6	7	7	12	32	217	23	89	46	39
Totals for 1910 ..	25	27	21	8	144	561	4	27	22	53	70	35
Totals for 1909 ..	9	15	9	11	32	37	15	72	38	150	122	51

For composition of School Groups, see Table 1.

TABLE 12b.

School Groups chiefly affected by cases of Infectious Disease amongst the Scholars.

Second six months—JULY to DECEMBER (inclusive), 1912.

SCHOOL GROUPS.	Total cases notified to Medical Officer of Health by Medical Practitioners.				Total cases notified to the Assistant School Medical Officer by Head Teachers under Regulations *re* Contagious Diseases (per Forms A and C).							
	Scarlet Fever.		Diphtheria.		Measles.		Whooping Cough.		Chicken pox.		Impetigo. (" Dirty or Scabby Head.")	
	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants
Micklegate Group :	37	26	8	4	4	8	3	12	4	82	19	4
Bootham Group :	8	8	5	17*	1	6	—	38	—	69	15	11
Walmgate Group :	15	16	1	2	2	28	1	2	18	61	18	9
Totals for 1912 ..	60	50	14	23	7	42	4	52	22	212	52	24
Totals for 1911 ..	68	62	6	6	69	179	6	22	16	39	26	37
Totals for 1910 ..	22	24	6	7	9	23	33	245	32	137	31	16
Totals for 1909 ..	25	18	22	5	40	243	2	36	15	26	76	35

For composition of School Groups, see Table 1.

* 12 cases occurred at Shipton Street Infants' School, which was consequently closed for 8 weeks.

CITY OF YORK EDUCATION COMMITTEE.

Medical Inspection of Children in the York Public Elementary Schools, 1912.

APPENDIX "B"

(NEW OR REVISED FORMS AND CIRCULARS
ISSUED DURING 1912).

CONFIDENTIAL.

City of York Education Committee.

Schedule of Medical Inspection. (Boys).

To be filled in by Teacher previous to inspection.

I.—NAME ....
(Surname First)

Exact Date of Birth ....

Addresses ....

....

....

School and Dept. ....

....

....

Attention and Progress ....

Is Child usually Clean ? ....

II.—PERSONAL HISTORY : (a) Previous Illnesses of Child—

	0–5.	5–10.	Over 10.	Notes.
Measles				
Whooping Cough				
Scarlet Fever				
Diphtheria				
Chickenpox				
Mumps				
Recent Fits or other Illnesses				

(b) Family Medical History (if exceptional)—Phthisis, &c.

General Observations :

OCCUPATION OF FATHER :

OCCUPATION OF MOTHER :

Home Conditions :

General Condition of Child, &c. :

Directions to (or action taken after Inspections).

Parents.	Teachers.
I.	I.
II.	II.
III.	III.
IV.	IV.

The numbers correspond to Schedule of Board of Education.

	Under 7.	7–12.	Over 12.	Notes.
1 Date of Inspection				
2 Standard				
Attendance				
3 Age of Child—in years and twelfths				
4 Clothing				
Footgear				
5 Height	ft. ins.	ft. ins.	ft. ins.	
6 Weight	st. lbs.	st. lbs.	st. lbs.	
7 General Nutrition				
8 Cleanliness and Skin a Head				
b Body				
Colour of Hair				
9 Teeth				
0 Nose and Throat a Tonsils				
b Adenoids				
c Glands				
d Nasal discharge				
1 Eyes—External Disease				
Colour of Eyes				
2 Vision a R				
b L				
3 Ear Disease				
4 Hearing				
5 Speech				
6 Mental Condition				
7 Heart and Circulation				
8 Lungs				
9 Nervous System				
0 Tuberculosis—glands, bones, lungs				
1 Rickets				
2 Deformities, Spine, Limbs, &c.				
3 Infectious and Contagious Diseases				
4 Other Diseases and Defects				
Chest Girth				
Vaccination Marks				
Parents present				
Medical Officer's Initials				

Form G (1) (Med.)

CITY OF YORK EDUCATION COMMITTEE.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Education (Administrative Provisions) Act, 1907, Sec. 13 (b); Children Act, 1908, Sec. 12; Local Education Authorities (Medical Treatment) Act, 1909.

NOTIFICATION TO PARENTS BY SCHOOL MEDICAL OFFICER, OR HIS ASSISTANT, RE DEFECT OR DISEASE DISCOVERED IN SCHOOL.

....School,

....191......

To Mr. or Mrs...

....

York.

Dear Sir or Madam,

I beg to inform you that I have found your child.................................

to be suffering from...

In the interests of the child's future, I beg to advise you to consult your Medical Attendant or Dentist, as the case may be, at once.

Yours faithfully,

Assistant School Medical Officer.

PLEASE NOTE:—

DEFECTIVE TEETH may not need to be pulled out, they can often be saved by early and proper treatment.

DEFECTIVE VISION (Eyesight) requires **most careful** examination and advice by a qualified Ophthalmic Surgeon.

If you are really unable to go to **your own** Dentist or Ophthalmic Surgeon, as may be necessary, you are recommended to apply to this office for an appointment for free treatment by the Dental Medical Officer or the Ophthalmic Surgeon, who will arrange the day and hour on which the child should attend for treatment.

24, St. Saviourgate,
York.

CIRCULAR TO HEAD TEACHERS OF SCHOOLS.

Dear Sir (or Madam),

The children on the attached list, attending your school, have been medically examined for their defective eyesight, and spectacles have been prescribed and supplied.

It is of the utmost importance that any instructions issued by the Ophthalmic Surgeon to, or for the benefit of such children, should receive attention. Generally the instructions are as follows :—

The spectacles should be worn throughout the day, especially during school hours.

Reading and writing should be performed under the most suitable conditions, *e.g.*, left-handed light.

The type used should be of suitable size and characteristics according to the age of the child (*vide* Report of Sub-Committee, British Association, 1912).

If possible, these children should be placed in the front desks in class.

Special instructions for individual children will be forwarded to you, should they be issued.

You are asked to co-operate in this matter, and to insist on children wearing their glasses.

It is also suggested that you have a periodical spectacle drill, in order that you may see that the children actually possess, and are using the spectacles. If they are not, they should be reported to me, as there might be some defect in the spectacles.

Yours faithfully,

E. S. GALBRAITH,
Assistant School Medical Officer.